Women's HEALTH UPDATES

Published by the National Women's Health Resource Center, Inc.

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Excessive Menstrual Bleeding

At least one in five women[1] bleed so heavily during their periods they have to put their lives on hold. The clinical term for this condition is "menorrhagia," meaning periods that are too heavy or that go on longer than the typical seven-day menstrual cycle.

Generally, menstrual periods occur every 21 to 35 days with up to seven days of flow.[2] On average, most women change their tampon or pad every three to four hours. They typically lose about 2.5 ounces of blood a month during their periods—about the amount in a double espresso.

With abnormally heavy bleeding, women can lose as much as 10 to 25 times that amount.[3] This condition can make women afraid to leave their homes, fatigued from blood loss and in pain from the heavy cramps that usually accompany the bleeding.

Hysterectomy, or surgical removal of the uterus, winds up being a common treatment for heavy bleeding. But, it's often an unnecessary surgery with a range of potential complications, and requires between two and six weeks or longer for recovery depending on the type of surgery performed.

This *Women's Health Update* explains excessive menstrual bleeding, its possible causes and the many options available to treat it.

Fact 1. Over 10 million women in the U.S. suffer from heavy periods.[4]

One national survey of gynecologists and women over 30 found that about one in 10 women (nine percent) had been diagnosed with excessive menstrual bleeding.[5] In fact, while menstrual problems overall are among the most common reasons women see a gynecologist, women with heavy bleeding make up about half of those visits. [6,8]

Increasingly, more women are diagnosed with the condition. Researchers don't know why but suspect it may be related to the fact that girls get their periods earlier, and women have more control over when they get pregnant and spend less time breastfeeding. Thus, women have more menstrual periods overall, increasing the likelihood that some will involve abnormally heavy bleeding. [7]

Plus, women today are less likely to "suffer in silence." Their lives are simply too intense, whether they work in or out of the home, so they're less likely to tolerate problematic periods and more likely to seek care.[7]

Still, many more women don't seek treatment. A 2004 survey found that barely one third (29 percent) of women who experienced heavy menstrual bleeding said they'd discussed it with their doctors.[5]

Fact 2. Heavy periods disrupt women's lives.

Heavy menstrual bleeding is a burden that's difficult to plan around. Additionally, the fatigue that often accompanies heavy bleeding interferes with daily activities.[8]

Heavy bleeding can also lead to iron-deficient anemia, the most common health-related threat of menorrhagia. While most cases of anemia are easily treated with oral iron supplements, with severe bleeding,[9] a woman's blood volume drops, leading to shortness of breath, severe fatigue and heart palpitations that require hospitalization.[10]

Fact 3. Heavy periods can occur at any age.

Excessively heavy periods can occur at various stages of a woman's life but tend to occur most often during puberty and during the years just before menopause. In fact, most women diagnosed with menorrhagia are over 30.[10]

Both of these times of life involve fluctuating hormone levels and months in which women may not ovulate. This, in turn, can lead to a thicker uterine lining, which has to be shed at some point.

Fact 4. Heavy periods have several causes.

If you have excessive heavy menstrual periods, your health care professional will evaluate you for several reproductive problems that can lead to heavy bleeding. These include fibroids (benign tumors in the uterus), uterine cancer, pelvic infection and endometriosis (when the lining of the uterus grows outside the uterus, invading the uterine cavity).

Other common causes of heavy bleeding include hyper- or hypothyroidism (the first related to high levels of thyroid hormones; the second to low levels) and clotting disorders.

Studies find that one in five cases of heavy bleeding is due to an inherited blood-clotting disorder. The most common is von Willebrand's disease, in which a protein responsible for clotting is either missing or not working properly.

However, because hemophilia, the best-known bleeding disorder, primarily occurs in men, few women suspect their condition might be related to a clotting problem. Neither do their doctors.

The most common cause of heavy bleeding is hormone imbalances, usually because of menstrual cycles in which a woman's ovary doesn't release an egg. Ovulation (the release of an egg from the ovary) stimulates the production of progesterone, the hormone most important in keeping periods regular.

Hormone imbalances also can be caused by a weight loss or gain of more than 15 pounds, intense exercise, significant stress, illness or certain medications for mental health conditions.

Fact 5. Heavy periods are very treatable.

Although heavy periods are very treatable—with one survey finding that 71 percent of women diagnosed with menorrhagia receive treatment[5]—a study conducted in 2000 by the Society of Women's Health Research (SWHR) found that two-thirds of American women were unaware of treatment other than hysterectomy.[9]

And, indeed, nearly 30 percent of hysterectomies in the U.S. are performed each year to relieve heavy menstrual bleeding.[9] Many of these operations may be unnecessary, because there is no evidence of disease or abnormalities in nearly half of the removed uteruses.[10]

Hysterectomy should be the last, not first, option for women with heavy bleeding. Instead, women should consider one of the other numerous options available. These include oral contraceptives (the most common treatment), endometrial ablation, over-the-counter and prescription nonsteroidal anti-inflammatory drugs (NSAIDs), intrauterine devices (IUD) and surgeries, all of which are described in more detail below.

Diagnosing Heavy Periods

If you experience abnormally heavy bleeding during your period, your health care professional will run a series of tests. These may include:

- Complete blood count to evaluate hemoglobin levels. Low levels could signify anemia.
- Thyroid hormone tests.
- Endometrial biopsy, in which the doctor retrieves a small sample of the endometrial lining to test for abnormalities.
- Coagulation screen to rule out blood-clotting disorders.
- Pelvic ultrasound to check for fibroids or other abnormalities.

Treating Heavy Periods

Medications

Nonsteroidal anti-inflammatories. These medications, which include naproxen (Aleve), ibuprofen (Motrin), and the prescription NSAIDs diclofenac (Cataflam) or mefenamic acid (Ponstel), are often the first treatment for heavy menstrual bleeding in women who are still ovulating. They work by reducing levels of prostaglandins, hormone-like chemicals that cause blood vessels to open and enhance uterine contractions. Studies find NSAIDs can reduce blood flow an average of 25 to 35 percent.[11] A major advantage is you only take them while menstruating, reducing the risk of stomach problems that can occur with long-term use.

Oral contraceptives. Although there are few clinical studies on the use of oral contraceptives to stem heavy bleeding, they are commonly prescribed. One of the few published studies compared them to the NSAIDs, mefenamic acid, naproxen and danazol and found all four worked just as well at reducing bleeding.[12]

Oral contraceptives are particularly helpful for women who are not ovulating because they return hormone levels to normal. They're taken daily throughout the month. Possible side effects include headaches, irregular or unpredictable bleeding and breast tenderness. More rarely, oral contraceptives can contribute to formation of gallstones and rare benign liver tumors and can increase blood pressure for a small number of women (reversible when pills are stopped). However, a 2004 survey of women with heavy bleeding found 40 percent stopped taking oral contraceptives or other hormone therapies to control their bleeding because of concerns over long-term health effects.[5]

Progestins. Studies find that taking this hormone for 21 days during your cycle can reduce bleeding up to 15 percent. Progestins work by reducing the effects of estrogen in your body, slowing growth of the uterine lining.[13,10] But the side effects from this treatment, including weight gain, headaches, swelling and depression, lead many women to quit taking them.

Intrauterine Device (IUD)

Studies find that an IUD that releases a progestin called levonorgestrel works quite well at helping women avoid surgery for heavy bleeding, even after five years of use.[14] In fact, a large review of studies comparing surgical to non-surgical treatments for menorrhagia found the IUD may work just as well as endometrial resection or ablation (described below) in improving quality of life and controlling bleeding over the long term.[15]

The main side effect seems to be some light bleeding between periods, particularly in the first three months. [16]

Surgery

Endometrial Ablation Endometrial ablation is a surgical technique that destroys the lining of the uterus. Several techniques can be used: Energy sources such as radiowaves, electricity or microwaves applied to the uterine lining via a hand-held wand or probes; freezing, in which a probe inserted into the uterus directs freezing gas to the uterine lining; and heat, in which heated fluid is injected either directly into the uterus or into a balloon inserted into the uterus and then removed. All are minimally invasive procedures and are performed on an outpatient basis with a quick recovery. They enable women to keep their uterus and, in many instances, may halt their periods altogether.

Risks are relatively low and vary depending on the type of procedure used. Women also need an endometrial biopsy before the procedure to check for endometrial cancer. Plus, ablation makes pregnancy dangerous, which is why it's important that you still use contraception even after the procedure. Thus, ablation is only recommended for women who have finished childbearing.

The procedures also differ in some ways. For instance, some require pretreatment with hormonal therapy to shrink the uterine lining and can't be performed if you're bleeding at the time of surgery, and all have different success rates in terms of complete ending of periods.

One problem—few women know about the procedure. A 2004 survey of 550 women with menorrhagia found that although 71 percent received treatment, just 17 percent were treated with endometrial ablation. And fewer than half of menorrhagia patients had heard of ablation, a statistic confirmed by physicians participating in the study.[5]

Endometrial Resection. This surgical procedure is an earlier form of endometrial ablation in which the lining of the uterus is surgically removed instead of destroyed in place. This and other earlier forms of ablation, including laser and rollerball ablation, carried higher risks than newer procedures, including post-surgical bleeding, blood in the uterine cavity, and the possibility of pregnancy after the procedure, which could lead to serious complications and miscarriage.

Dilation and Cuterage (D&C). This procedure, in which the lining of the uterus is scraped away, provides only a temporary remedy and is no longer considered an option for treating heavy bleeding. Nonetheless, some health care professionals continue to recommend it.[17] If yours does, ask about other options.

Hysterectomy. Seventy-five to 80 percent of women with heavy menstrual bleeding do not need a hysterectomy,[17] yet many women still opt for this surgical procedure. While very effective in ending uterine bleeding (without a uterus, periods stop), it is a major surgical procedure that requires hospitalization and, depending on the type of hysterectomy, involves between two and six weeks or longer of recuperation.

Laparoscopic hysterectomy shortens both the hospital stay and recovery period, with 20 percent of women going home the day of the surgery and the rest the next morning. While recovery for abdominal hysterectomy is six to eight weeks, women who undergo laparoscopic hysterectomy may resume most normal daily activities in as little as two weeks.

Less than one percent of women who undergo hysterectomies have serious complications, but up to seven percent may have some mild complications, such as urinary tract infection. For women whose only medical problem is heavy bleeding, surgery should be a last resort.[17]

Lifestyle Tips for Heavy Periods

Non-medical treatments can help with heavy bleeding. Start by putting an ice pack on your abdomen for 20 minutes at a time, several times a day when the bleeding is especially heavy. Also, several herbal remedies may help, specifically Shepherd's purse and chaste tree berry (vitex agnus-castus).

Other options include vitamin C supplements to strengthen blood vessels. In one small study in which 18 women with heavy menstrual

Questions to Ask Your Health Care Professional

1. Do you consider the amount of bleeding I'm experiencing abnormal?
2. What tests do you need to conduct to diagnose my menorrhagia, and why are you doing them?
3. Is this heavy bleeding affecting my iron levels? What can you do about that?
4. Why are you recommending this particular treatment option for my heavy bleeding? If that doesn't work, what do you recommend next?
5. What are the disadvantages and risks associated with each recommended treatment?
6. Is it possible to avoid a hysterectomy?
7. Am I a candidate for endometrial ablation? What is the success rate, and what are the risks and benefits for the technique you use?

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November 2005

Women's Health Updates
Published by the
National Women's Health Resource Center
157 Broad Street, Suite 315
Red Bank, New Jersey 07701
1-877-986-9472
www.healthywomen.org

This publication was produced with the assistance of an educational grant from Cytyc Corporation.

bleeding took 200 milligrams of vitamin C and 200 milligrams of flavonoids (often sold together as one supplement) three times a day, bleeding improved in 88 percent.[18]

Other vitamins to consider are vitamin E, which seems to decrease the growth of new blood vessels in the uterine lining, thus reducing bleeding, and supplemental iron. Not only is iron necessary to maintain blood iron levels, but some research suggests low iron levels can increase menstrual bleeding, and that supplementing with the mineral can actually reduce menstrual bleeding.[19,20]

Always check with your health care professional before taking any medication, even herbs and nutritional supplements.

Excessive Menstrual Bleeding Resources

American Society for Reproductive Medicine (ASRM)
205-978-5000
www.asrm.org
Offers information on reproductive disorders for consumers and health professionals.

Association of Reproductive Health Professionals (ARHP)
202-466-3825
www.arhp.org
Provides information and education on reproductive health topics.

Centre for Menstrual Cycle and Ovulation Research (CeMCOR)
604–875-5927
www.cemcor.ubc.ca/index.shtml
Distributes information about life cycle changes from adolescence to menopause.

The Hormone Foundation
The education affiliate of the Endocrine Society
1-800-467-6663
www.hormone.org
Offers resources on hormone-related conditions and treatment options.

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