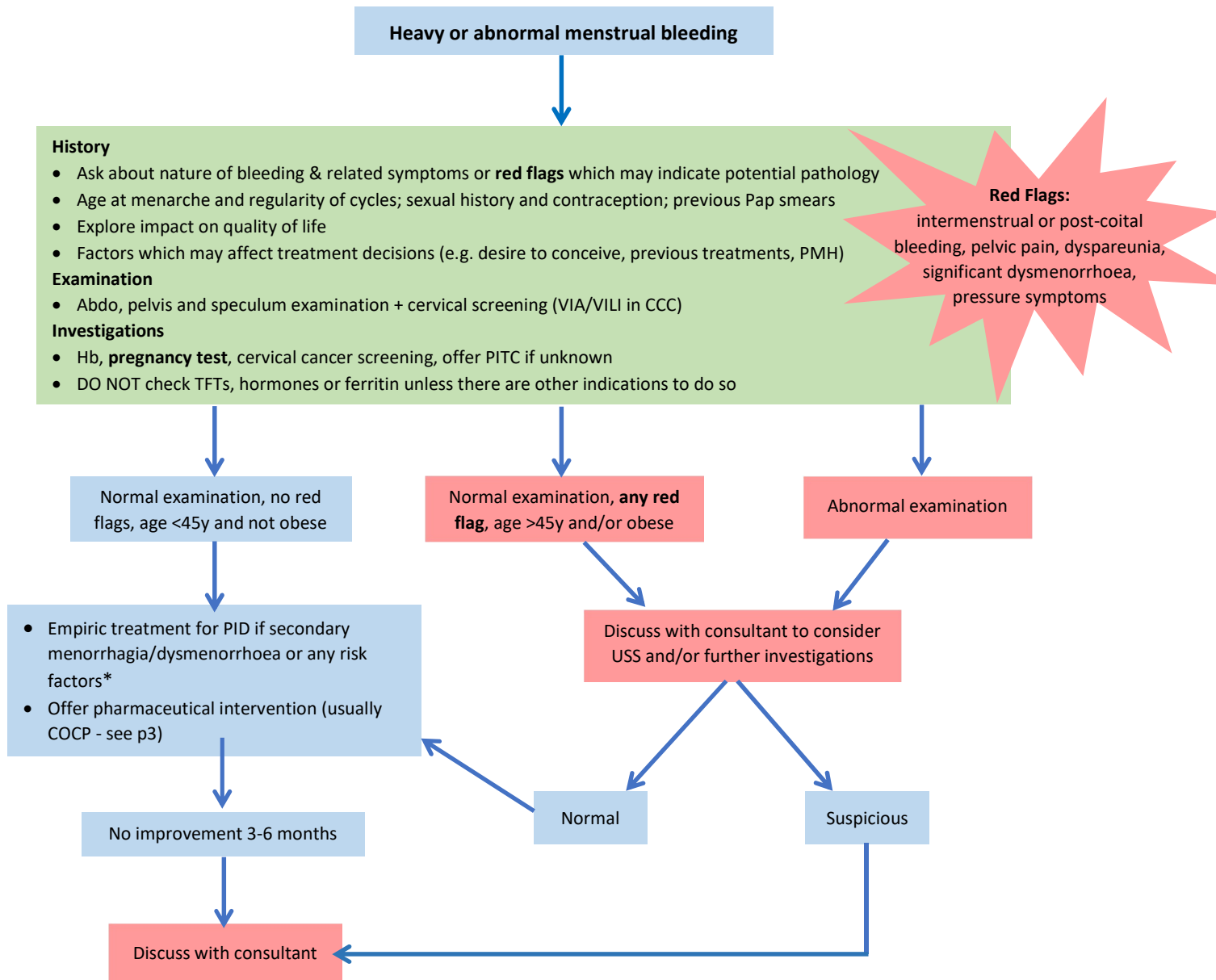


Heavy Menstrual Bleeding / Abnormal Uterine Bleeding

Abnormal uterine bleeding (AUB) – any variation from the normal cycle, including changes in regularity, frequency, duration or amount of blood loss

Heavy menstrual bleeding (HMB) - the most common type of AUB, excessive menstrual blood loss which interferes with a woman's physical, emotional, social and/or material quality of life



* Ceftriaxone 500mg stat, Doxycycline 100mg bd 14 days, Metronidazole 400mg tds 14 days, offer PITC, contact treatment

Consultant review if any of the following:

- Age <15 years
- Positive pregnancy test
- Signs of hypovolaemia
- Hb <10g/dL
- No improvement after 3 months hormonal treatment (even if was elsewhere)
- Post-coital or intermenstrual bleeding
- Use of hormone based treatment > 12 months
- New onset >45 years
- History suggestive of bleeding disorder
- History of endocrine disorder
- Unable to visualise cervix on speculum examination

Causes of Abnormal Uterine Bleeding			
Causes	Characteristics	Symptoms	
Structural causes	<ul style="list-style-type: none"> Fibroids 	Very common	Depends on size and location; may have pressure symptoms
	<ul style="list-style-type: none"> Polyps 	More common in women in 40s	
	<ul style="list-style-type: none"> Adenomyosis 	Presence of endometrium within the myometrium; causes hypertrophy of the smooth muscle and thickened myometrium; affects around 20% women	May be associated with pelvic pain and abnormal bleeding
	<ul style="list-style-type: none"> Malignancy or hyperplasia 	Incidence increases >45 years; highest in women in 70s; oestrogen-driven Risk factors: obesity, nulliparity, PCOS, DM, tamoxifen	Postmenopausal bleeding commonest presentation; also discharge and haematuria in postmenopausal women; intermenstrual bleeding and AUB in younger women
Non-structural causes	<ul style="list-style-type: none"> Coagulopathy 	Up to 13% of women with HMB	Suspect if HMB since menarche, PPH, frequent bruising/epistaxis or family history
	<ul style="list-style-type: none"> Ovulatory disorders 	Anovulatory cycles common in first 2 years after menarche and perimenopause; can be endocrine in origin (PCOS, thyroid) or related to obesity	Anovulatory cycles often irregular with prolonged bleeding then times of amenorrhoea (leading cause of HMB in adolescents) Ovulatory cycles are regular
	<ul style="list-style-type: none"> Iatrogenic 	Contraception, HRT, IUD, anticoagulants	
	<ul style="list-style-type: none"> Endometrial 	Includes PID	Heavy, erratic bleeding; PCB, pelvic pain / dyspareunia, abnormal discharge

Pharmaceutical Interventions for Heavy Menstrual Bleeding

discuss with woman, based on risk factors, preference, wish for future pregnancies

First line:

<p>Combined oral contraceptive pill</p> <p>e.g. levonorgestrel 150 mcg, ethylestradiol 30mcg ('My Choice')</p>	<p>Options for taking:</p> <p>a) take pills as per packet and so bleed every fourth week</p> <p>b) 'tricycling' - take pills each day for three packs without a break and then have pill free week (so only bleed every tenth week)</p>	<p>Contraindications: hepatitis, CVA, heart disease, liver disease, thromboembolic disease, breast cancer, diabetes, epilepsy, hypertension, migraine, smoking, obesity, pregnancy, breast-feeding first 6m</p> <p>Check BP after 3 packets; if okay and no significant side effects (e.g. headaches), can continue for 6-12 months until next review</p>
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Second line (e.g. if prefer non-hormonal method) – can prescribe both together

Tranexamic acid	1g 3-4 times daily from start of menstruation until when bleeding normally lessens (up to 4 days)	To reduce bleeding
NSAID	e.g. ibuprofen 400mg tds, mefenamic acid 500mg tds From start of menstruation and up to 4 days	Helps with bleeding and pain

Other hormonal options:

<p>Progestogen injection</p> <p>e.g. Depo Provera (medroxyprogesterone 150mg)</p>	<p>IM injection every 12 weeks. Check after 12 weeks and if symptoms are improved can continue as for family planning; if continued heavy bleeding, irregular bleeding or if bleeding starts before injection due, discuss with consultant</p>	<p>Contraindications: breast cancer, possibility of pregnancy (No contraindication with epilepsy, diabetes, heart disease, hypertension or breast feeding)</p> <p>Note – do not advise if woman wants to get pregnant within the next year (possible delayed return to fertility)</p> <p>Counsel: common to have irregular bleeding after the first injection, after this usually do not have any bleeding</p>
<p>Progestogen implant</p> <p>(levonorgestrel 150mg total dose)</p>	<p>Review after 3 months to check symptom control. If heavy or troublesome bleeding or significant side effects, discuss with consultant</p> <p>Remove after 3 or 5 years depending on brand</p>	<p>Contraindications: breast cancer, possibility of pregnancy (No contraindication with epilepsy, diabetes, heart disease, hypertension or breast feeding)</p> <p>Note – probably not worth it if woman wants to get pregnant fairly soon (but return of fertility on removal)</p> <p>Counsel: irregular bleeding common but usually not heavy</p>
<p>Intrauterine system</p> <p>e.g. Mirena coil</p>	<p>Very expensive but a great option if affordable</p>	

Note – oral cyclical progestogens can sometimes be used days 5-26 of cycle, but too expensive for long-term use here; progestogen only pill is sometimes available for contraception ('Microlut') but this is not usually effective for heavy periods and can increase irregular bleeding

References:

Menstrual problems: abnormal uterine bleeding. Red Whale Update Handbook 2021

Heavy menstrual bleeding in adolescents. Red Whale GP Update Handbook 2021

FIGO 2011

Kenya National Guidelines for Prevention, Management and Control of Sexually Transmitted Infections, MOH, 2018