

Heavy Menstrual Bleeding

What is heavy menstrual bleeding?

Heavy menstrual bleeding (also known as menorrhagia) refers to excessive or prolonged menstrual bleeding (see *'Menstrual Cycle'* fact sheet for more information on menstrual bleeding). It is technically defined as blood loss greater than 80ml per cycle or periods lasting more than seven days. Heavy menstrual bleeding affects about 1 in 5 women and 40 per cent of women who have a blood loss of more than 80ml report it as normal.

How do I know if my bleeding is too heavy?

It is very difficult to determine whether your bleeding is too heavy, therefore diagnosis is made on the following:

- changing a pad or tampon every hour
- changing a pad overnight
- clots greater than a 50 cent piece in size
- bleeding for more than seven days

How can heavy menstrual bleeding affect me?

- you may feel fatigued, exhausted, dizzy
- you may have low iron (ferritin) levels because of the blood loss
- the inconvenience of having to change sanitary products frequently and the fear of bleeding through to your clothes may affect your daily activities

What causes it?

About 50 per cent of women with heavy menstrual bleeding have no abnormalities in their uterus. This bleeding is called dysfunctional uterine bleeding (DUB). DUB is often related to hormonal or prostaglandin (chemical) levels in the endometrium (internal lining of the uterus). For the other 50 per cent the cause may be related to:

- pregnancy or complications of pregnancy
- endometrial polyps: usually non-cancerous (benign) growths that arise from the endometrium and look like a large 'tear drop' of tissue
- endometrial hyperplasia: an overgrowth of the endometrium, which can progress to cancer
- endometrial cancer: cancer of the uterus
- fibroids: non-cancerous growths or lumps within the uterus wall, which may cause bleeding depending on their position
- adenomyosis: endometrium growing in small pockets inside the muscle layer of the uterus causing pain and bleeding
- intrauterine device: a contraceptive device also known as an IUD, usually of the non-hormone releasing type

There may also be a range of other possible causes that are not as common, such as:

- ##### hormonal disorders, e.g. underactive thyroid gland (hypothyroidism)
- ##### bleeding disorders where excessive bleeding can occur, e.g. Von Willebrand disease (more common in teenagers)
- ##### chronic kidney or liver disease

Note: postmenopausal women should not have any vaginal bleeding/spotting.

How is it diagnosed?

After a thorough history and clinical examination (including a pap smear and swabs) your GP may order blood tests and/or a pelvic ultrasound to eliminate some of the possible causes listed previously. The gold standard is to perform an endometrial biopsy (curette) in all women over 35 years of age with heavy menstrual bleeding to rule out endometrial hyperplasia or cancer.

How is it treated?

- Your health practitioner may recommend iron therapy if your iron levels are low. This usually involves taking an iron supplement daily.
- Your health practitioner may prescribe medications to reduce bleeding such as:
 - the anti-inflammatory drug, mefenamic acid
 - tranexamic acid
 - the Mirena IUD, which releases a hormone that thins the endometrium and reduces bleeding up to 95 per cent after 12 months of use
 - the contraceptive pill (blood flow can be reduced by up to 50 per cent by using the pill and it can also reduce period pain)
 - progestins (synthetic forms of progesterone) to reduce blood loss by about 30 per cent
- Surgery such as endometrial ablation (removal of endometrium) or hysterectomy is recommended if:
 - medications fail to reduce bleeding
 - there are other symptoms, such as pain
 - you discuss the options with your health practitioner and you both feel it is the most appropriate treatment

Where can I get more information?

www.jeanhailes.org.au

www.healthforwomen.org.au

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This fact sheet is designed to be informative and educational. It is not intended to provide specific medical advice or replace advice from your health practitioner.

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