



## Leaflet: Menorrhagia

# Heavy Periods (Menorrhagia)

The amount of blood lost each period is normally between 20 and 60 ml. (4-12 teaspoonfuls.) Bleeding can normally last up to 8 days with 5 days being average. Heavy periods (menorrhagia) is a blood loss of 80 ml or more each period. This is about half a teacupful or more per period. Most of the blood loss (90%) usually occurs in the first 3 days in women with both normal and heavy periods.

It is difficult to measure blood lost during a period. It may be difficult for some women to know if their periods are normal or heavy. Some women who feel they have heavy periods have an average loss. Some women with a heavy loss feel they have normal periods. A period is considered heavy if it causes one or more of the following.

- ◆ Flooding through to clothes or bedding.
- ◆ Frequent changes of sanitary towels (every 2 hours or more).
- ◆ Needing to change sanitary towels in the middle of the night.
- ◆ Needing double sanitary protection (tampons and towels).
- ◆ Passing large clots.
- ◆ If it stops normal activities such as going out, working or shopping.

## What causes heavy periods?

*The exact cause is not known for most women with heavy periods.*

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 regular. A chemical called prostaglandin may play a part. It is usually higher than normal in the lining of the uterus in women with heavy periods. The high level of prostaglandin affects blood clotting. 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 can cause symptoms such as heavy periods.
- ◆ Other conditions of the uterus such as endometriosis, infections, polyps or a previous sterilization ('tubal tie') may lead to heavy periods. A tumour of the uterus 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 ovulation does not occur every month. An underactive thyroid gland may possibly cause heavy periods.
- ◆ The IUCD (Intrauterine Contraceptive Device or 'coil') may sometimes cause heavy periods. A special hormone releasing IUCD can actually treat heavy periods (see below).
- ◆ Warfarin or other medicines used to 'thin the blood' interfere with blood clotting. Taking these for other conditions may have a side effect of heavier periods.
- ◆ Blood clotting disorders are rare causes of heavy bleeding. Other symptoms are also likely.
- ◆ Obese women are more likely to have heavy periods than average weight women.

Coming off the contraceptive pill 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 the pill is stopped. These may appear heavier but are usually normal.

## Are any tests needed for heavy periods?

An internal (vaginal) examination is usual to check on the size and feel of the uterus. A blood test to check for anaemia is usual. This is because some women bleed so heavily that the body cannot replace the blood loss quickly enough.

Anaemia may develop leading to tiredness. A thyroid blood test may be advised if there are symptoms of an underactive thyroid. A smear may be taken if it is due. For most women the examination is normal and no further tests are usually needed. The diagnosis is usually 'dysfunctional uterine bleeding' and treatment may be started if required.

In some women further tests may be advised. This may be if a doctor detects a large or abnormal uterus or if there are symptoms which may indicate an underlying problem. For example, the following symptoms may indicate the need for further investigations.

- ◆ Bleeding between periods or irregular bleeding.
- ◆ Bleeding or pain during or after sex.
- ◆ Pain apart from normal period pain.
- ◆ Any change in a usual pattern for an individual woman, particularly if over the age of 40.

Tests may include a look into the uterus with a small magnifying instrument via the vagina (hysteroscopy). A small sample of the uterus lining may be taken during this test. An ultrasound scan of the uterus may be advised.

## Keeping a menstrual diary

It may be worth keeping a menstrual diary for a few periods before and after starting a treatment. It means making a daily record during a period. An entry of very heavy, heavy, medium or light bleeding is made each day. The number of sanitary towels needed and the number of days bleeding is noted. Any flooding or interruption of normal activities is also noted. Some treatments take two or more menstrual cycles to work fully. A diary is useful for both patient and doctor to see how bad symptoms are and whether the treatment is helping.

## 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 women. If there is an underlying cause, such as a fibroid or endometriosis, treatment options may be different.

*No treatment* is an option if the periods do not interfere too much with normal life. For some women it is reassuring that there is no serious cause for their heavy periods. It may be wise to have a blood test every so often to check for anaemia. Iron tablets can correct anaemia if it occurs.

*Tranexamic acid* reduces bleeding by about a half in most women - sometimes more. It is taken 3-4 times a day for 3-4 days each period. It works by reducing the breakdown of blood clots in the uterus. In effect it 'strengthens' the tiny blood clots in the uterus lining which leads to less bleeding. It has no effect on reducing period pain. Side effects are usually minor but may include an upset stomach. The heaviness of the period is eased but the number of days the period lasts is not reduced.

*Anti-inflammatory medicines* are popular as they also help with period pain. Most are available only on prescription but Ibuprofen can be bought at pharmacies. They reduce bleeding by about a third in most women - sometimes more. They too are taken just 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. These medicines are the same as those used for arthritis and other painful conditions. The heaviness and pain of the period is eased but the number of days the period lasts is not reduced. Side effects may include an upset stomach. People with a history of a duodenal or stomach ulcer or asthma should only take these medicines on a doctor's advice.

*The contraceptive pill* 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. It can be taken in addition to either of the above two treatments.

*Levonorgestrel intrauterine system (LNG-IUS)* is similar to an intrauterine contraceptive device (IUCD or 'coil'). It is inserted into the uterus and slowly releases a regular small amount of hormone called levonorgestrel. One device can last up to 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. In addition, it tends to reduce any period pain and pre-menstrual symptoms. It works mainly by making the lining of the uterus very thin (atrophied). In one study, the LNG-IUS was inserted into women on a waiting list for hysterectomy for heavy periods. 8 in 10 of these women then decided against having a hysterectomy as the LNG-IUS worked so well.

*Progestogen* hormone treatments used to be common. They are useful for irregular periods when ovulation does not occur. However, they are not very effective for women with regular periods.

*Surgical treatment* is an option if the above treatments do not help or are unsuitable. Full discussion with a gynaecologist is advisable about the pros and cons of surgical treatments.

- ◆ Hysterectomy is the traditional operation. This totally removes the uterus. It is 100% effective at curing heavy periods. The satisfaction from the operation is usually high. However, there are small risks involved with surgery and pregnancy is no longer possible. Also, it needs a hospital stay for several days and it may take several weeks to recover fully from the operation.
- ◆ Removing or 'stripping' the lining of the uterus is an option (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 is usually done either by a hot wire (diathermy) or a laser. This is usually effective but some women need a repeat procedure sometime in the future. The advantages over hysterectomy include: no scar, a very short hospital stay and quicker recovery times. This technique is being refined and may become more effective.

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