

A guide to...

HEAVY MENSTRUAL BLEEDING

(Menorrhagia)

Wear
White
again.
CO.UK

More than 1 in 5 women suffer with heavy periods in the UK¹ (**that's almost 3.5 million women!**)^{1,2,3} and yet despite this, a survey of women with heavy periods by Wear White Again revealed that as many as **62% of women** do not realise that heavy periods are a treatable medical condition and **almost half of those with heavy periods (49%)** had not spoken to their GP about it, believing it to be 'just part of being a woman!'⁴

A Recognised Condition

NICE recognise that heavy menstrual bleeding (HMB) has a major impact on a woman's quality of life and that the condition should be taken seriously and treated in a timely manner.⁵



NICE National Institute for Health and Care Excellence

Heavy Periods can also affect quality of life...

According to a Wear White Again survey...



of women bleed through their clothes and **85%** through their bedding²



of women suffer with anaemia²



74% suffer with anxiety and **69%** with depression²



45% of women have taken time off work due to their heavy period²



of all referrals to gynaecology services are for menstrual disorders³

How to identify a heavy period

COMMON CAUSES

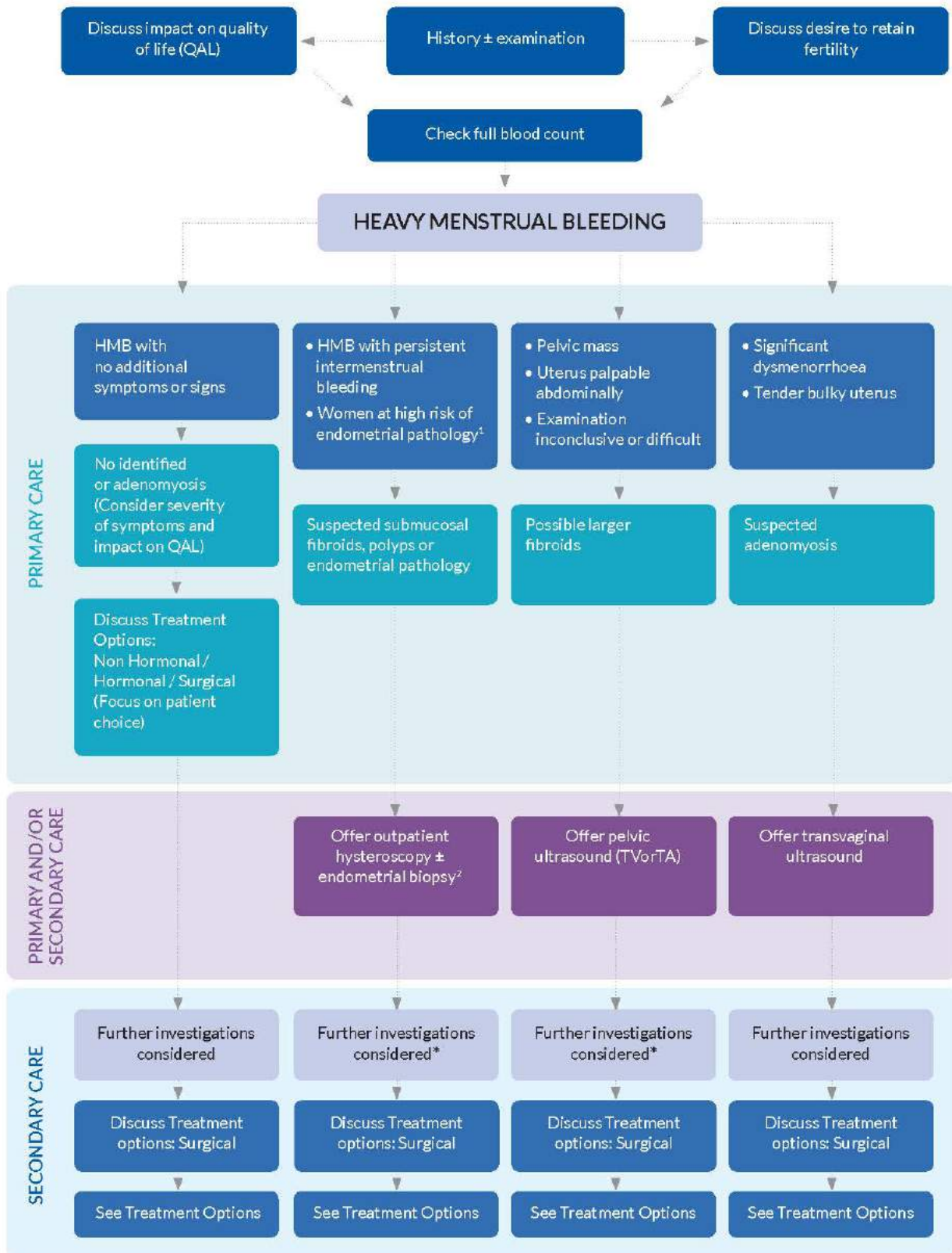
- ✓ Polycystic ovary syndrome (PCOS)
 - ✓ Endometriosis
 - ✓ Blood clotting disorders
 - ✓ Pelvic inflammatory disease (PID)
 - ✓ An underactive thyroid gland (hypothyroidism)
 - ✓ Cancer of the womb
 - ✓ Fibroids
 - ✓ Cervical or endometrial polyps
- OTHER SYMPTOMS:**
Anemia, Nausea, Clots & Fatigue

COMMON SIGNS

- 🕒 Changing a pad or tampon more than every 1-2 hours
- 🔄 A menstrual cycle of less than 21 days
- 🕒 A period lasting longer than 7 days
- 🛏 Double-up of protection needed

Choosing the right treatment path

NICE NG88 heavy menstrual bleeding treatment pathway⁵



*There should be an increased focus on hysteroscopy as first line for diagnosis and treatment of fibroids, with the recommendation that women with HMB are offered outpatient hysteroscopy if their history suggests submucosal fibroids, polyps or endometrial pathology⁵

Treatment options

Heavy periods are a treatable medical condition and there are a number of treatment options available that can help:

PRIMARY CARE

Non-hormonal

Effectiveness:

- NSAIDs – 45% reduction in bleeding⁶
- Tranexamic acid E.G: Lysteda. 66% experience 1/3rd reduction in menstrual blood loss⁷

Advantages:

- ✓ Reversible
- ✓ Conception still possible
- ✓ Self administered

Disadvantages:

- ✗ Risk of side effects
- ✗ May take up to 3 months to take effect

Hormonal

Contraceptive pill/ injection or intrauterine hormonal system (IUS) E.G: Mirena

Effectiveness:

- 67% effective at reducing Heavy menstrual bleeding @ 1 year⁸
- Up to 60% of patients discontinue using LNG-IUS within 5 years⁹

Advantages:

- ✓ Reversible, can be performed in a GP practice or in an outpatient setting
- ✓ Conception still possible once treatment ceased

Disadvantages:

- ✗ Hormonal side effects
- ✗ May take up to 3-6 months to take effect

SECONDARY CARE

Endometrial ablation

Removal of the womb lining. Methods include: Thermal balloon and Radiofrequency E.G. with NovaSure

Effectiveness:

100% effective at reducing HMB @ 1 years and 96% @ 5 years¹⁰

Advantages:

- ✓ No hormones
- ✓ Performed in outpatients
- ✓ Quick recovery time¹¹
- ✓ Average treatment time 90 seconds¹¹
- ✓ One off procedure

Disadvantages:

- ✗ Conception no longer possible (contraception still required)
- ✗ Only suitable for pre-menopausal women
- ✗ Non-reversible

Fibroid & Polyp removal

A minimally invasive procedure. Methods include: Embolisation, Hysteroscopic Resection and Hysteroscopic Morcellation E.G. with MyoSure

Effectiveness:

95% success rate for removal of fibroids, 99% for polyps with MyoSure¹²

Advantages:

- ✓ No pre-treatment required
- ✓ Outpatient treatment possible
- ✓ Quick procedure and recovery
- ✓ Retain fertility

Disadvantages:

- ✗ Sometimes necessary to repeat the procedure
- ✗ Contraception still required

Hysterectomy

Removal of the womb and possibly ovaries. Methods include: Vaginal Hysterectomy, Key-Hole Surgery or Abdominal Hysterectomy

Effectiveness:

100% success rate

Advantages:

- ✓ Permanent solution

Disadvantages:

- ✗ Major surgery, 2-8 weeks recovery
- ✗ Fertility not retained

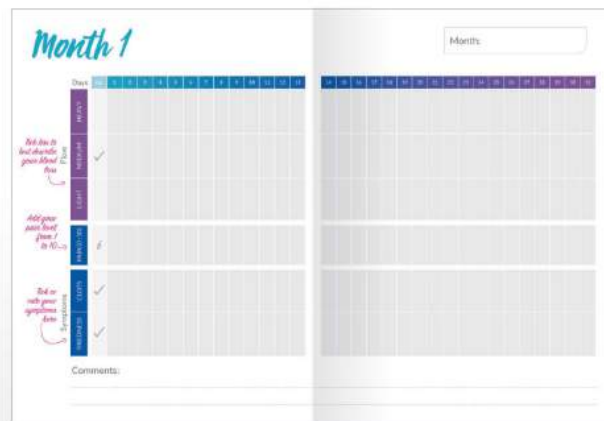
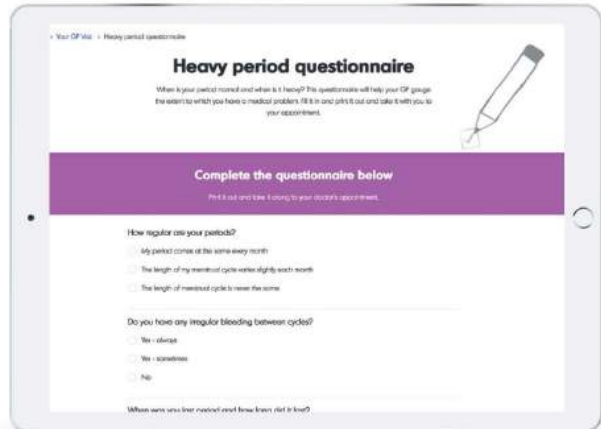
Identifying the cause

Utilise these materials below to help your patient make an informed choice.

Download at wearwhiteagain.co.uk



Complete the questionnaire with your patient to help identify the cause.



Use this **FREE period diary** to complete over 3 menstrual cycles to measure blood loss to help identify the cause of the problem.

For more information visit:
wearwhiteagain.co.uk

or click here →



SSL-00330-GBR-EN Rev001

(1) Royal College of Obstetricians and Gynaecologists, National Heavy Menstrual Bleeding Audit (May 2011). Last accessed September 2017, available https://www.rcog.org.uk/globalassets/documents/guidelines/research-audit/nationalhmbaudit_1stannualreport_may2011.pdf (2) NHS Choices, Periods (2016) <https://www.nhs.uk/conditions/periods/fertility-in-the-menstrual-cycle/> last accessed Sept 2018 (3) Based on women aged 14-60, Office for National Statistics: Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid 2016, datasets. Last accessed September 2017, available <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwales/scotlandandnorthernireland> (4) Opinium Research carried out an online survey from 28th July to 3rd August 2017 of 1002 women aged 18+ who currently experience menorrhagia / heavy periods or have previously experienced them within the last 5 years; (5) NICE's guideline heavy menstrual bleeding (NGB8); (6) Medscape.com, Managing menorrhagia http://www.medscape.com/viewarticle/751107_3, Accessed June 22, 2016; (7) Lysteda® Prescribing Information (8) Istre O, Trolle B. Treatment of menorrhagia with the levonorgestrel intrauterine system versus endometrial resection. Fertil Steril. 2001;76(2):304-309. (9) Ewies A. Gynecological Endocrinology, October 2009; 25(10): 668-673 (10) Bipolar Radiofrequency Compared With Thermal Balloon Ablation in the Office: A Randomized Controlled Trial, Smith PP, Mallick S, Clark JT, Obstet Gynecol 2014;0:1-7; (11) Relates specifically to the NovaSure® endometrial ablation procedure (instructions for use); (12) MyoSure Efficacy; 1 year follow-up Study; Reference: Robert J Rubino, MD, Andrea S Lukes, MD, Twelve Month, Outcomes for Patients Undergoing Hysteroscopic Morcellation of Uterine Polyps and Myomas in an Office or Ambulatory, Surgical Center, JMG 2014.

Supported by:

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