

Heavy Periods

What are heavy periods & what are the symptoms?

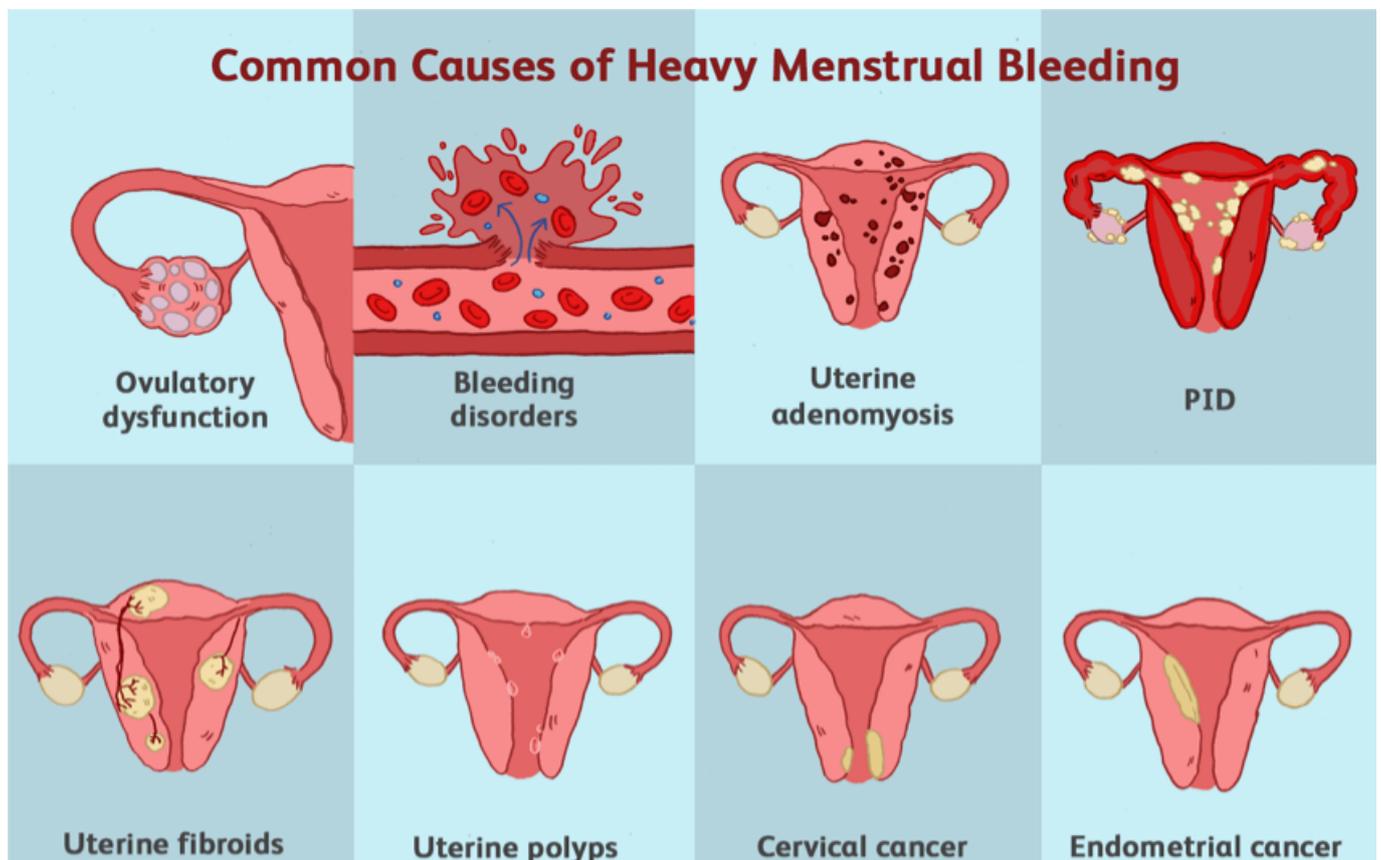
Periods are considered heavy if they interfere with daily life, if they stop you from going to work or from doing your normal activities.

Medically, heavy periods can cause anaemia (low-iron levels), making you tired. If the blood loss is more than a certain amount (80ml), then this is called Menorrhagia.

Periods can be heavy when they last longer than normal (usually 5-6 days) and/or if the flow is very heavy.

Women may notice small or large clots or flooding, needing frequent sanitary pad change or double protection (tampons and pads) or if they come earlier every month (usually less than 24 days).

Another feature could be pain as a new symptom.



Heavy Periods

Who does it affect?

It can affect all age groups, but older women often find that their periods are getting closer together and heavier in nature. 1 in 5 women between the ages of 30- 50 years is affected by abnormal uterine bleeding.

What causes the problem?

Most women with heavy periods do not have anything seriously wrong with them. Often no underlying cause is found after appropriate investigations. This is known as DUB (Dysfunctional Uterine Bleeding).

However, a significant number of women may have a thickening of the lining of the womb or cervix (uterine polyps) or benign growths called fibroids which make their periods worse. Other conditions that can cause heavy periods, with or without associated pain include endometriosis, adenomyosis, womb or cervical cancer, PID (Pelvic Inflammatory Disease), bleeding disorders and thyroid dysfunction.

When should I seek medical advice?

It is important to see your GP if your periods for the last 3 months have been lasting longer than normal, or if you are having pain more than usual, clots or flooding. If you are feeling particularly tired, it would be sensible to see your doctor for advice.

If you notice irregular bleeding, bleeding between your periods or bleeding after sexual intercourse, you should not ignore these signs and should see your doctor as soon as possible. If you are above the age of 40, it is especially important to seek advice sooner rather than later. Precancerous and cancerous changes are more like to cause erratic bleeding rather than just heavy periods. Fortunately, these changes are uncommon, especially in women under the age of 40. You must seek advice from your doctor if you have concerns.

How is it diagnosed?

Your doctor will take a detailed history about your general condition and about your periods. Blood tests to check your iron levels may be all that is needed, with advice about a healthy diet rich in fruits, green leafy vegetables and beans. Checking other aspects of your lifestyle is also important, including sleep patterns, use of alcohol, smoking, excess caffeine

Heavy Periods

and exercise regime.

Simple medications to help with the bleeding may be prescribed. Depending on your condition, an ultrasound pelvic scan may be organised. A referral to a specialist may be recommended, where further tests may be carried out. Nowadays, it is possible to see inside the womb to investigate women having heavy periods or irregular bleeding. Using no cuts, a small telescope is inserted into the cavity of the womb through the vaginal route.

This is called a hysteroscopy. It has a small video camera attached which allows the enlarged picture from the telescope to be seen on a television screen. The procedure can be performed under a local or general anaesthetic, usually as a day case or outpatient procedure. Treatment, if needed, can usually be carried out at the same time, with excellent results.

What can you do to help yourself?

Leading a healthy lifestyle and eating a fibre rich whole food plant based diet, rich in green leafy vegetables will keep your iron levels up. *See the Nutrition leaflet.* However, with heavy periods, the underlying cause, if any, needs to be found and correct treatment started.

The most important thing you can do for yourself is to seek medical advice when you have concerns about your heavy periods, especially if they are not settling with usual medications or if you have irregular bleeding (intermenstrual bleeding). This needs investigation, especially if you are above the age of 40. Ensure that you are up to date with your cervical smear tests.

What about treatments?

Treatment for heavy periods is very satisfactory and has an excellent outcome.

Medical Management

NSAIDS:

If not allergic to them, anti-prostaglandins medications (Non-Steroidal Anti-Inflammatory Drugs), like Ibuprofen or Neurofen, taken two - three times a day after meals (to avoid gastritis) in the appropriate dose (usually 200mg - 400mg) can be very helpful to reduce menstrual flow.

Heavy Periods

It is recommended to start the day before the period starts or as soon as bleeding starts to counteract the prostaglandin chemicals released by the womb. The mistake often made by women is waiting to take the medicines once heavy bleeding or pain has already started. In this situation, the drugs take longer to counteract the prostaglandins already released by the womb.

Tranexamic acid (anti-fibrinolytic agent) can help some women by helping the blood from the uterus to clot, thereby reducing the flow. Some women may notice nausea and an upset tummy on this medication. It is usually taken 3-4 times a day as soon as the menstrual period starts for 2-4 days.

Hormones:

If a woman is not trying for a pregnancy, using **birth control pills** (COCP for example should be taken **back to back** without a break as there is no medical indication to have a monthly withdrawal bleed on the combined pill) or hormonal injections and implants including the progesterone releasing intrauterine system (Mirena IUS) may be a very effective way in reducing both heavy and painful periods by thinning the lining of the womb. The oral contraceptive pill can be safely taken back to back (with breaks every few cycles if wished) in many women.

Surgical Management:

Removing polyps or fibroids within the lining of the womb (resection) through the telescope (hysteroscopy), can help resolve heavy periods in women who are found to have these conditions. If no polyps or fibroids are found, you may be recommended to have a progesterone containing coil (Mirena IUS) fitted at the same time.

This can cause a dramatic reduction of menstrual blood loss with a few months and provide very effective contraception, with minimal side effects. If these above measures are not suitable for you or in the event, they don't work for you, newer procedures such as Endometrial Ablation now provide excellent results.

The lining of the womb is removed through the telescope (Hysteroscopy) by a number of techniques (Endometrial Resection or Novasure). This is a very suitable alternative to hysterectomy, with a high success rate in reducing your periods and few side effects, allowing quick recovery and return to work. Some women however may need a Hysterectomy (removal of womb), which can often be performed through keyhole surgery. This will be decided after discussion and advice from your specialist.

Heavy Periods

Do refer to my other leaflets for information about specific conditions and procedures.
(endometriosis, painful periods, fibroids, adenomyosis, hysteroscopy, endometrial ablation,
uterine polyps)

Dr Nitu Bajekal FRCOG Dip IBLM

Consultant Gynaecologist and Women's Health Expert

Lifestyle Medicine Physician

Updated January 2020