

Medical Treatments for Period Problems

Tranexamic Acid (Cyclokapron^R)

This is only taken during bleeding and can reduce the menstrual flow by up to half. It is not a hormone but acts on blood clotting inside the womb. It does not increase the risk of thrombosis (unwanted blood clots) elsewhere in the body although you would not be offered it if you have had a thrombosis in the past.

Some people feel nauseous with the tablets but other side effects are rare. The dose used is usually 2 tablets three times a day. Tranexamic acid can be taken at the same time as other medications including hormonal contraceptives and by women who are trying to conceive.

Mefenamic Acid (Ponstan^R)

This is another non-hormonal tablet taken from 2-3 days *before* a period is expected until the bleeding slows down. It is an anti-inflammatory drug similar to ibuprofen which can help with pain and also reduce the amount of bleeding by up to a third. It should not be taken by women who have had stomach or duodenal ulcers and can worsen asthma in some cases. It can be taken with other medications including hormonal contraceptives.

Oral Progestogens

e.g. norethisterone (Primolut^R), dydrogesterone (Duphaston^R), medroxyprogesterone acetate (Provera^R)

These are synthetic forms of the natural female hormone, progesterone. In theory the womb lining stays attached while the tablets are taken but starts to come away within a few days of stopping the tablets.

If taken from day 5 to 25 a period would be expected to start day 26-27. On day 5 of that period a further course can be started and bleeding would be expected to finish by day 7 or so. Taking the progestogen for fewer days than this may not regulate bleeding as well and will not make heavy regular periods lighter.

Progestogens are sometimes prescribed continuously for 3 months. This may lead to some unpredictable breakthrough bleeding which

may settle over the 3 month course. Progestogens are not associated with a risk of thrombosis but make some women feel bloated or moody. Norethisterone in particular may cause oily skin.

Oral progestogens can be taken by women with high blood pressure or migraine but should not be used with hormonal contraception such as the pill.

Combined oral contraceptive ('the pill')

This pill can both regulate the timing of bleeding and make it lighter and less painful. There are many brands with variations in hormone dose and combination. Some brands are designed to reduce acne or facial and body hair.

Three packs can be taken without a break so that a woman only gets 4 periods a year. Taking more than 3 packs without a break is still safe but is more likely to give unpredictable breakthrough bleeding.

The combined pill is not suitable for all women, mainly because of a small increase in the risk of thrombosis. (although this is less than the risk of thrombosis from pregnancy). These risks are associated with age, weight, high blood pressure, smoking and personal or family medical history. Women with some types of migraine or some liver problems should also avoid the pill. There may be a small increased risk of breast and cervical cancer but a reduced risk of ovarian cancer.

Some women will feel sick or have breakthrough bleeding in the first 3-4 months of treatment but these side effects often settle down. The pill can be affected by other medicines including antibiotics and many of the drugs used to treat epilepsy.

Injectable Progestogen (Depoprovera^R)

This is given by injection every 12 weeks. Although women may have irregular or prolonged bleeding with the first injection the majority of women find that their periods stop completely after the second or third injection.

There is no increased risk of thrombosis but some women notice mood changes and the majority of women put on 2-3kg weight. It is a very effective contraceptive. It is not the best option for women planning a

pregnancy in the next year as some women's fertility can take several months to return after the injection wears off.

GnRH analogues (Prostap^R , Zoladex^R)

These are 'anti-hormone' injections which cause a temporary menopause. They will stop bleeding completely after 4-5 weeks but if used alone will also cause hot flushes and other menopausal symptoms. They are sometimes used short term before surgery or as treatment for endometriosis. Sometimes HRT is given at the same time to stop hot flushes.