# Treatment of Menorrhagia (Heavy Periods)

## Treatments

As the amount of blood that is lost during a woman's period varies considerably from one person to another, menorrhagia is not always diagnosed. In such cases, no treatment will be required. However, if menorrhagia is diagnosed, your GP will discuss all the possible treatment options with you. Your GP will inform you about:

- the effectiveness of treatments,
- the likelihood of any adverse effects following treatments,
- whether contraception will be required, and
- the implications of treatment on fertility.

The aims of treating menorrhagia are:

- to reduce or stop excessive menstrual bleeding,
- to prevent or correct iron-deficiency anaemia due to heavy menstrual bleeding,
- to use surgical treatments for women who may benefit, and
- to improve the quality of life of women with heavy menstrual bleeding.

## Medication

Pharmaceutical treatment (medication) is recommended as the first type of treatment for use in cases of menorrhagia for women who:

- have no symptoms or signs that suggest a serious underlying cause, or
- are waiting for the results of further investigations.

If a particular medication is not suitable for you, or if you try a medication and it does not work, another one may be recommended. Some medications make your periods lighter, others may stop bleeding completely, and some are also contraceptives. Your GP will explain how each type of medication works and any possible side effects, so that between you, a decision can be made about which one is most suitable for you.

The different types of medications that are used to treat menorrhagia are outlined below in the order that the National Institute for Health and Clinical Excellence (NICE) recommends they are tried (as long as they are suitable for you).

## Levonorgestrel-releasing intrauterine system (LNG-IUS)

The levonorgestrel-releasing intrauterine system (LNG-IUS) is a small plastic device that is placed in your womb and slowly releases the hormone progestogen. It prevents the lining of your womb from growing quickly, and is also a form of contraceptive. This medication does not affect your chances of getting pregnant after you stop using it. Possible side effects of using the LNG-IUS include:

- **irregular bleeding** that may last for more than six months,
- **breast tenderness**,
- **acne** - inflamed skin on the face,
- **headaches** - although they tend to be minor and short lived, and
- **no periods** at all.

The LNG-IUS has been shown to reduce blood loss by 71-90% and is the preferred first choice of treatment for women with menorrhagia, provided that long-term contraception using an intrauterine device is acceptable (it is usually used for a minimum of 12 months).

## Tranexamic acid

If LNG-IUS is unsuitable, for example if contraception is not desired, tranexamic acid tablets may be considered. The tablets have been shown to reduce blood loss by 29-58%, and work by helping the blood in your womb to clot.

Two or three 500mg (milligrams) tranexamic acid tablets are taken once heavy bleeding has started, three or four times a day, for a maximum of three to four days. Usually, the lower end of this dosing range will be recommended - that is, two tablets, three times a day for four days. Treatment should be stopped if your symptoms have not improved within three months.

Tranexamic acid tablets are not a form of contraception and will not affect your chances of becoming pregnant. If necessary, tranexamic acid can be combined with a non-steroidal anti-inflammatory drug (see below).

Possible side effects include

- **indigestion**,
- **diarrhoea**, and
- **headaches**, but they are not very common.

## Non-steroidal anti-inflammatory drugs (NSAIDs)

Non-steroidal anti-inflammatory drugs (NSAIDs) are also used to treat menorrhagia as a second choice of treatment if LNG-IUS is not

appropriate. NSAIDs have been shown to reduce blood loss by 20-49%, and are taken in tablet form from the start of your period (or just before) and for the duration of bleeding, until it has stopped. As with tranexamic acid, treatment should be stopped if your symptoms have not improved within three months.

The NSAIDs that are recommended as a treatment for menorrhagia are mefenamic acid (500mg three times daily), naproxen (500mg as the first dose, then 250mg every six to eight hours), and ibuprofen (400mg three or four times daily).

NSAIDs work by reducing your body's production of a hormone-like substance, called prostaglandin, which is linked to heavy periods. NSAIDs are also painkillers but they are not a form of contraceptive. However, if necessary, they can be used in conjunction with the combined oral contraceptive pill (see below).

Common side effects include indigestion and diarrhoea.

NSAIDs can be used for an indefinite number of menstrual cycles, as long as they are relieving symptoms of heavy blood loss and are not causing significant adverse side effects. However, if NSAIDs are found to be ineffective, treatment should be stopped after three months.

**Combined oral contraceptive pill**

Combined oral contraceptive pills can be used to treat menorrhagia. They contain the hormones oestrogen and progestogen. One pill is taken every day for 21 days, before stopping for seven days. This cycle is then repeated. Packs can be run together if necessary so that withdrawal bleeds can be delayed if necessary.

The benefit of using combined oral contraceptives as a treatment for menorrhagia is that it offers a more readily reversible form of contraception than the LNG-IUS. It also has the benefit of regulating your menstrual cycle and reducing menstrual pain (dysmenorrhoea).

As its name suggests, the combined oral contraceptive is a contraceptive, and it works by regulating your menstrual cycle. However, it does not prevent you from becoming pregnant after you stop taking it. The combined pill is generally very well tolerated but possible side effects include:

- mood changes,
- headaches,
- nausea,
- fluid retention, and
- breast tenderness.

### Oral progestogen

Oral progestogen is a form of medication for treating menorrhagia. It is taken in tablet form two to three times a day from days 5-26 of your menstrual cycle, counting the first day of your period as day one.

Oral progestogen works by preventing the lining of your womb from growing quickly. It is not an effective form of contraception. Oral progestogen can have particularly unpleasant side effects including:

- weight gain,
- bloating,
- breast tenderness,
- headaches, and
- acne (which does not usually last for long).

High-dose oral progestogen can be particularly useful in stopping very heavy menstrual bleeding (flooding), and has been shown to reduce blood loss by 83%.

### Injected progestogen

The hormone-like substance, progestogen, is available as an injection (depot medroxyprogesterone acetate) and is sometimes used to treat menorrhagia. It works by preventing the lining of your womb from growing quickly, and is a form of contraception. However, it does not prevent you becoming pregnant after you stop using it, although there may be a delay.

Common side effects of injected progestogen include:

- weight gain,
- irregular bleeding,
- absence of periods (amenorrhoea),
- a delay in being able to become pregnant of six to 12 months after stopping the injection, and
- premenstrual symptoms, such as bloating, fluid retention and breast tenderness.

## Surgical procedures

If the above medications do not prove effective in treating menorrhagia, your specialist may offer surgery. Despite their long-term effectiveness, surgical treatments are often offered as a last resort option because they are irreversible. There is good evidence to support the option of early endometrial ablation for women who do not want medical treatment, who are over 35 years old with completed families.

There are a number of different surgical procedures that can be carried out to prevent heavy menstrual bleeding, and your specialist will be able to discuss them with you, including the benefits and any associated risks.

Common surgical procedures for treating menorrhagia include:

- **endometrial ablation** - involves destroying the womb lining,
- **hysterectomy** - surgical removal of the uterus (womb), which may sometimes also involve the removal of the cervix, fallopian tubes and the ovaries (oopherectomy). Hysterectomy is only usually used to treat menorrhagia following a thorough discussion with your specialist to outline the benefits and disadvantages of the procedure. This is usually a last resort treatment, but is the only one which guarantees no periods.

See specific treatment information documents for more information