

MANAGING HEAVY BLEEDING: MEDICAL TREATMENTS FOR HEAVY PERIODS

Heavy periods are a common troublesome problem for many women. Usually periods are considered to be heavy if they are associated with clots of blood and flooding. Some may become iron-deficient and even anaemic (low red blood count) causing marked tiredness and fatigue.

It is important to see a doctor and have a history and an examination performed. If you are sexually active, make sure that you are up-to-date with your Pap smear. An ultrasound scan is usually a good idea looking for physical problems such as fibroids (balls of fibrous tissue and muscle that bulk-up the uterus). Your doctor can discuss this with you.

The information below refers to when your doctor or specialist has determined there is no apparent cause for the heavy bleeding – although some of the treatments discussed will be helpful for women with fibroids and other physical causes.

TRANEXAMIC ACID

On the first day of menstruation mostly tissue comes away. After that, bleeding from exposed blood vessels is the main problem. Tranexamic acid helps these vessels heal over by encouraging clotting in this area. The dose is usually 2 tablets 3-4 times a day from day 1-5 (if needed) of menstruation. It typically halves menstrual blood loss. It is a very safe medicine and because it is only taken for 3-5 days, side-effects are uncommon. If there is a history of blood clotting problems or kidney disease, a specialist opinion should be sought.

ANTI-INFLAMMATORY DRUGS

These include Ponstan® and Naprogesic®. They are best known for helping period pain, but if a full dose is taken continuously (be guided by the package instruction) for the first 1-5 days of menstruation, they can reduce blood loss by around 25%.

THE CONTRACEPTIVE PILL

The "Pill" reduces menstrual blood loss by 30-50%. It can also improve acne and excess body hair. The contraceptive Pill has many other non-contraceptive advantages including a reduced risk of ovarian cysts, endometriosis, and ovarian cancer.

THE MIRENA® DEVICE

This is a modified-intrauterine device. It contains a slow-release plastic sleeve, which contains levonorgestrel; a potent progestin. After insertion, there is typically irregular (usually light) bleeding for 3-6 weeks. After that, the periods come at their usual time, but blood loss is reduced by over 90%. Blood levels of the hormone are very low so hormonal side-effects are unusual (unlike tablets). The Mirena® device is also a contraceptive, it is even more effective than being sterilised and yet when the device is removed, the hormonal-effect stops immediately. Unlike old IUDs which could cause pelvic infections, the Mirena® device halves the risk of pelvic infection and lasts five years.

At WHRIA we use Pluscaine® - a unique anaesthetic gel, which allows for Mirena® device insertion to be performed at our city clinic with greater comfort, reducing the cost and risks associated with sedation and general anaesthetic.

PROGESTINS

Progesterone is the female hormone that reduces the uterine lining making it thinner and also reducing menstrual blood loss. Synthetic progestins can also substantially reduce menstrual blood loss. They are usually given as tablets (e.g. Provera® and Primolut®), although the quarterly injection, Depo-Provera®, has been around for decades. In Australia, Primolut-N® is commonly used to treat very heavy periods. Doses of 2-8 tablets a day might be needed to stop heavy periods. One to 2 tablets for 3 weeks on and one week off can reduce menstrual blood loss. Around 1 in 8 women will have PMT-like side effects with progestins such as mood swings, bloating, irritability, and even depression. You can discuss other treatment options with your WHRIA specialist if this occurs.