

Heavy Menstrual Bleeding (HMB)

Medical Management

What is Heavy Menstrual Bleeding?

Heavy Menstrual Bleeding refers to abnormally heavy or longer than normal periods. It can lead to significant disruptions in people's daily activities and lifestyle, impacting their physical, emotional, and social well-being.

NON-HORMONAL TREATMENT OPTIONS



Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

e.g. naproxen, ibuprofen, mefenamic acid

BENEFITS

- 20-50% reduction in menstrual bleeding
- Reduction in menstrual cramps and/or pain during period in up to 70% of patients

IMPORTANT CONSIDERATIONS

- NSAIDs can be used in combination with other medical treatments and while awaiting further investigations into causes of HMB
- NSAIDs have no contraceptive action

! SIDE EFFECTS

- Indigestion, worsening/exacerbation of asthma, gastritis, peptic ulcers



Tranexamic Acid (TXA)

BENEFITS

- 40-59% reduction in menstrual bleeding

IMPORTANT CONSIDERATIONS

- TXA can be used in combination with other medical treatments and while awaiting further investigations into causes of HMB
- TXA is not used for treating associated menstrual cramps or painful periods
- TXA has no contraceptive action

! SIDE EFFECTS

- Indigestion, diarrhea, headaches, leg cramps

How to take NSAIDs for HMB

Start NSAIDs on first day of period and/or first sign of period, OR start NSAIDs the day before expected start of your period

Take NSAIDs regularly for 3-5 days OR until the bleeding stops

Typical Dosing Regimens:

naproxen: 500mg 1-2x daily

ibuprofen: 600 - 1200mg daily

mefenamic acid: 500mg daily

How to take TXA for HMB

Take TXA during your period.

This is to decrease the flow.

When your period is really heavy, you can take 1g of TXA up to 4x per day for up to 5 days per menstrual cycle.

You can adjust the frequency based on your menstrual blood flow, anywhere from 1 to 4 times per day (1g per dose).

HORMONAL TREATMENT OPTIONS



Levonorgestrel Intrauterine System (LNG-IUS)

BENEFITS

- 70-97% reduction in menstrual bleeding
- Absence of menstruation (amenorrhea) experienced by 20-80% of patients after 1 year of use
- LNG-IUS use associated with reduction in menstrual cramps and/or pain during period

CONTRACEPTIVE? YES

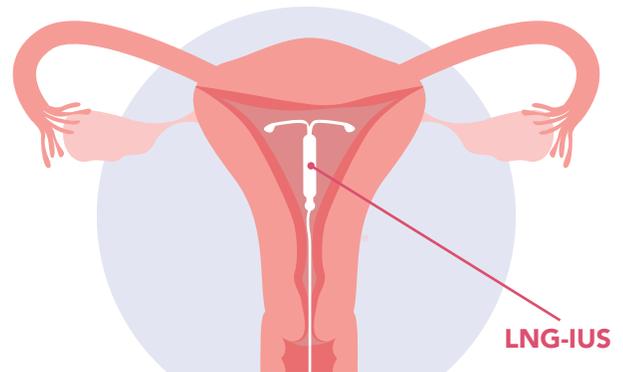
- *LNG-IUS has no impact on future fertility*

IMPORTANT CONSIDERATIONS

- May not be ideal for patients with a distorted uterine cavity such as those with multiple fibroids that are positioned near or in the uterine cavity

! SIDE EFFECTS

- Irregular bleeding during first 6 months, breast tenderness, acne, cramping, headaches



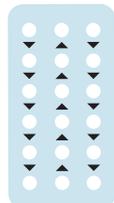
The LNG-IUS is placed inside your uterus by a trained health professional and can remain there for up to 5 - 7 years



patch



vaginal ring



pill

ANY type of combined hormonal contraceptive will be effective in treating heavy bleeding



Combined Hormonal Contraceptives (CHCs)

BENEFITS

- 20-50% reduction in menstrual bleeding
- CHC use associated with reduction in pain during period (dysmenorrhea) & pre-menstrual symptoms
- CHCs also may provide menstrual regularity

CONTRACEPTIVE? YES

- *CHCs have no impact on future fertility*

! SIDE EFFECTS

- Breast tenderness, mood changes, fluid retention, and breakthrough bleeding

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Cyclic Oral Progestins*

i.e. Norethisterone (or Norethindrone) acetate / NETA

BENEFITS

- Up to 87% reduction in menstrual bleeding

CONTRACEPTIVE? NO

- May reduce ability to conceive while on treatment
(*may not be appropriate for those trying to conceive*)

! SIDE EFFECTS

- Breast tenderness, mood changes, bloating, acne, headaches, weight gain

Dosing Regimen

Norethisterone acetate (NETA)

5mg taken 3x daily for 21 days monthly
(from day 5 to day 26 of menstrual cycle)

* Taking lower dose NETA for 7-11 days per month (cyclic luteal phase progestins) is not effective for treating heavy menstrual bleeding; higher doses taken for 21 days per month is required to manage heavy flow (long-cycle progestin)



Injected Progestins

i.e. Depot medroxyprogesterone acetate (DMPA)

BENEFITS

- Amenorrhea (no period) experienced by 60% of patients in the first 12 months, 68% by 24 months

CONTRACEPTIVE? YES

- *Delay in return to fertility*

! SIDE EFFECTS

- Irregular bleeding, breast tenderness, weight gain, mood changes, decreased bone mineral density

Dosing Regimen

Depot medroxyprogesterone acetate (DMPA)

150mg intramuscular injection every 90 days



Danazol

BENEFITS

- Up to 80% reduction in menstrual bleeding
- No period (amenorrhea) experienced by 20% of patients
- Infrequent periods (oligomenorrhea) experienced by 20%

CONTRACEPTIVE? NO

- *May not be appropriate for those trying to conceive*

! SIDE EFFECTS

- Weight gain, acne, muscle cramps, gastrointestinal upset, irritability

Dosing Regimen

Danazol

100 – 400mg once daily



Gonadotropin-Releasing Hormone Agonists

i.e. Leuprolide acetate (Lupron), Goserelin (Zoladex)

BENEFITS

- Amenorrhea experienced by up to 89% of patients within 3 to 4 weeks of first injection

CONTRACEPTIVE? NO

- *May not be appropriate for those trying to conceive*

! SIDE EFFECTS

- Hypoestrogenic symptoms (hot flashes, night sweats, vaginal dryness), bone pain, loss of bone mineral density, mood changes

Dosing Regimen

Leuprolide acetate (Lupron) and Goserelin (Zoladex) are both injections.

Injections can be given in 1-month doses or 3-month doses.

They may be prescribed in combination with add-back therapy*

*Your doctor may suggest 'add-back' therapy, meaning giving you back estrogen and progesterone. If you take this class of medication longer than 6 months, it may decrease bone mineral density. This can be prevented by taking 'add back' therapy