



Heavy Periods

Patient Information Leaflet

What is menorrhagia?

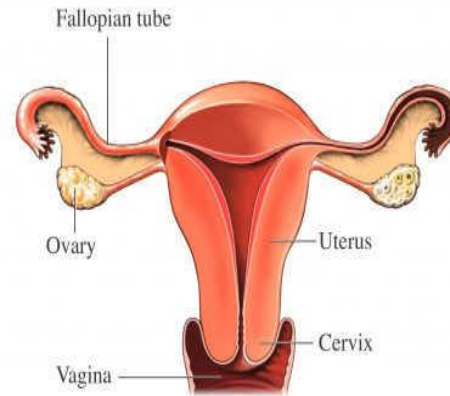
The word 'menorrhagia' means too much bleeding during a period. A period is considered heavy if it causes one or more of the following:

- Frequent changes of pads every 2 hours or more.
- Flooding onto clothes or bedding.
- Needing double protection with tampons and pads.
- Passing large clots.
- Affecting normal activities e.g. school, sports etc.
- More than 7 days of heavy bleeding

What causes heavy periods?

The cause is not known in most cases but is more common if you have recently started your periods. You may

find that your periods are irregular as well as heavy.



Bleeding from the womb (uterus) is under the influence of hormones from the ovaries.

When your periods first start it is common for your hormone levels to vary a lot which can go on for several years until your late teens. Uncommon causes are bleeding, clotting disorders and infections (if sexually active).

Is it dangerous?

The heavy bleeding does not cause any other medical problems and the main problem is the disruption to lifestyle. Some teenagers lose enough blood to become anaemic (low blood count).

Anaemia can cause problems such as dizziness, shortness of breath and tiredness.

Keeping a diary of your periods on a phone app or paper for a few months will show your doctor if you need treatment. Make a note of the amount of bleeding and the number of pads needed.

Your doctor may offer you some treatment and it is important to understand that most treatments take three or more menstrual cycles to work fully. A diary is useful for both you and your doctor to see how bad the symptoms are and whether the treatment is helping.

Do I need any tests?

Your doctor may do a blood test to see if you are anaemic or have low iron stores. You do not need any other blood tests routinely but we sometimes check to see if you have a bleeding disorder if your heavy bleeding started as soon as your periods began, you have a family history or any unusual symptoms such as prolonged bleeding / excessive bruising.

You might need an ultrasound scan of the womb, although it is extremely rare

for teenagers to have anything wrong with the womb.

What are the treatments?

The options for managing heavy periods are:

1. **Observation** (no active treatment)

Benefits: No side effects and can choose another option at any time.

Risks: might impact on your life and wellbeing.

2. **Non-hormonal tablets** –

Mefenamic Acid taken 3 times a day with or without Tranexamic Acid taken 4 times a day during periods

Benefits: only taken for the few days in the period when the pain and bleeding is heavy.

Risks: Side effects include upset stomach. These tablets will not make the periods regular.

3. **‘The pill’** - combined oral contraceptive pill which contains two hormones; taken as 1 pill daily for 3-12 weeks followed by a 4-7 days break during which a period occurs.

Benefits: very effective treatment which also helps with period pain,

acne. Reliable contraception if you need it. The bleeding pattern is usually short and predictable.

Risks: Blood clots (thrombosis), Side effects may include breast tenderness, nausea, mood changes and headaches.

4. **Progesterone tablets (medroxyprogesterone acetate)-**

to be taken three times a day from D5-25 every month for 6-12 months

Benefits: reduced risk of thrombosis in comparison to the combined pill

Risks: may produce irregular bleeding if missed; does not provide contraception or pain relief

5. **The ‘minipill’** – which contains only one hormone (progesterone) - taken every day of the month.

Benefits: might stop periods altogether. Reliable contraception if you need it.

Risks: Side effects include irregular bleeding pattern or irregular spotting, mood changes and bloating.

6. **‘Depot injection’** – progesterone hormone called Depo-Provera given every 12 weeks.

Benefits: might stop periods altogether.

Reliable contraception if you need it.

Risks: May cause irregular bleeding and some worries about reversible bone thinning if used long term.

7. **‘Implant’** – containing progesterone which inserted under the skin of the arm under local anaesthetic replaced every 3 years.

Benefits: might stop periods altogether. Reliable contraception if you need it.

Risks: May cause irregular bleeding

8. **Intrauterine system**– a coil with progesterone hormone placed inside the womb and lasts five years.

Benefits: works well (80% chance) and might stop periods altogether; reliable contraception if you need it.

Risks: can sometimes need a general anaesthetic for insertion in young teenagers & usually causes irregular light bleeding for several weeks. Rarely coil can fall out or work its way through the wall of the womb.

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