



Managing Periods

in young girls with learning disabilities

Information for Patients and Carers

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Why do young women get heavy periods?

Heavy and irregular periods are common in adolescence. This is due to the immaturity of the hormonal system that controls the monthly cycle. The good news is that as the system matures, the periods usually regulate and become lighter. This can take a few years.

Girls and young women with learning difficulties can find monthly bleeding distressing and find it a challenge to deal with it hygienically. As young women may move towards a more independent lifestyle, there may also be a need for reliable contraception. These factors will be taken into account when discussing on the best treatment.

What will happen when I see the doctor?

A parent or carer is always welcome in the consultation but discussions will be conducted directly with the young woman as far as is possible. We might ask a parent/carers for their opinions and information with the patient's consent. Occasionally, a carer with legal authority would make decisions on behalf of a patient.

It is very unlikely that an examination would be needed but if it is thought that this would be important in treating the bleeding, we would do this with both the patient and carer's consent.

What tests might be done?

It might be useful to take some blood tests but this can usually be avoided. Occasionally an ultrasound scan would be useful. This involves moving a hand-held probe over the tummy.

What treatment is available?

Normally this would start with tablets. These can be hormonal or non-hormonal. Hormonal tablets are usually contraceptive pills (combined pill or

minipill). They are generally very effective in reducing blood flow and period cramps.

Alternatively, if taking tablets is difficult, patches that stick on the skin can be used. These are also hormonal contraceptives. A hormone releasing implant which can be inserted under the skin and lasts for 3 years is another option.

A coil that sits inside the womb and releases hormones can be fitted (IUS). This can be really effective in reducing or stopping bleeding, is a contraceptive and can stay in for up to 5 years. It can require a short anaesthetic for insertion as daycase procedure.

Sometimes contraceptive injections may be recommended (Depo-Provera). These are 3 monthly injections and can stop periods altogether. If they are used long term, it may be necessary to check that the bones are strong and healthy. These injections are generally not recommended in girls under the age of 18 because of the effect on bones but the doctor will weigh the benefits and risks prior to prescribing it.

The hormonal treatments can cause irregular spotting in some girls and might not be effective in a small proportion of patients.

What about having a hysterectomy?

There is no reason to have the womb removed as there are so many other options for treating the bleeding and providing contraception. A hysterectomy is a major operation with potential risks and is permanent. If this is requested by parent/carers, we might advise trying 12 weekly injections to suppress the hormone cycle and also give add back hormone replacement patches for bone protection.