Heavy menstrual periods: causes and treatments

Department of Gynaecology

Information for Patients

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What causes periods to become too heavy?

There are many reasons why periods may become too heavy. Sometimes more than one of these problems can happen at the same time.

How much is too much bleeding?

There are so many medical definitions as to how much is too much bleeding, but if it is too much for you, then it is too much. Some examples of too much bleeding are if you:

- have to wear 2 pads or tampons and pads at the same time,
- have to change pads or tampons more often than every hour,
- leak or flood (spoiling clothes and bed sheets),
- pass large blood clots,
- become anaemic and feel tired, dizzy and feel like their heart is beating too fast, or higher in their chest than normal,
- have to change their plans during their periods. For example, avoid sports and going out, take time off work.

Fibroids

Fibroids are growths of muscle coming from the wall of the womb. These can cause heavy periods by increasing:

- the womb size,
- the surface area of the lining of the womb,
- the amount of blood supply to the womb.

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If fibroids are very large they can also put pressure on bowel, bladder and tubes that carry the pee and cause problems with them.

Fibroids are very common. Up to 7 out of 10 women will have fibroids if they have a routine scan. You only need treatment if they are:

- causing heavy periods,
- putting pressure on other body parts like your blood vessels, bowels, bladder or tubes that take the pee from the kidneys down to the bladder (ureters),
- if they are growing after the menopause.

Most fibroids will shrink after the menopause unless you are on HRT. Most of the time, fibroids grow slowly over time but they may grow faster in pregnancy as they grow in response to oestrogen. Very rarely lumps that are thought to be fibroids on scans turn out to be cancerous growths called sarcomas. This is very rare and most likely when we see bigger fibroids after the menopause.

Polyps

Polyps (endometrial and cervical polyps) are fleshy growths from the linings of the womb and cervix. They cause:

- irregular periods,
- bleeding after sex,
- lots of vaginal discharge,
- bleeding after the menopause but can also cause heavy periods.

Most polyps are not harmful but a small number of them will have pre-cancerous or even cancerous changes. It is always best to remove them for testing and to treat the bleeding problems that they are causing you.

Clotting problems

Sometimes heavy periods are caused by clotting problem. This is unusual. It is more likely if you:

- have always had heavy periods,
- have bleeding from other places like the gums or nose bleeds,
- have a family history of bleeding problems.

Taking medicine that thins the blood (like aspirin, warfarin, clopidigrel) can also cause heavy bleeding.

Thyroid problems

Having a problem in the function of the thyroid gland can cause heavy bleeding. Your thyroid may become overactive or under-active. If this happens then there are other signs and symptoms. Heavy periods might be the only problem.

Endometriosis and adenomyosis

In these conditions you have small bits of the lining of the womb grow in the wrong place. When it grows in the muscle wall of the womb it is called adenomyosis. Adenomyosis makes periods both heavy and painful.

When it grows outside of the womb (around the ovaries, fallopian tubes and outer surface of the womb) it is called endometriosis. These conditions can be found with fibroids and period pain which starts before the period. These conditions are more likely when period pain starts days or weeks before the period itself. Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Endometriosis' or leaflet number 1370. You can also scan the QR code.

Changes of the womb lining (endometrial hyperplasia)

Sometimes heavy periods are due to changes in the lining of the womb. Sometimes these changes are found inside polyps. Changes are more likely in people with a womb who are over 45 years, overweight or obese, have Polyendocrine Metabolic Ovarian Syndrome (PMOS), diabetes or kidney disease and those with some genetic abnormalities like BRCA or HNPCC.

These changes more likely if you are having periods very often, very long periods or bleeding after having sex or in between periods.

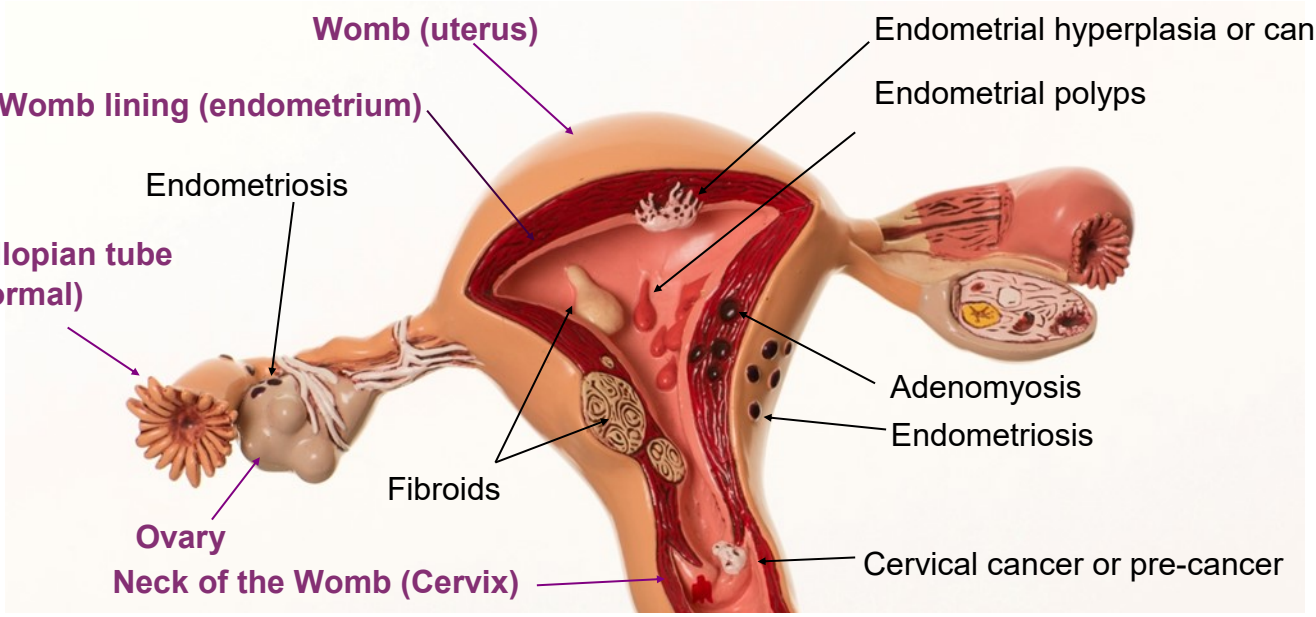
Taking oestrogen hormones without enough progesterone to balance it out or Tamoxifen (medication used to treat breast cancer) can also increase the risk of Hyperplasia.

Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Endometrial hyperplasia' or leaflet number 809. You can also scan the QR code.

Dysfunctional uterine bleeding (DUB)

DUB is a condition that can affect nearly every person with a womb at some point in their life. It causes bleeding without a regular pattern where people with a womb have heavy, irregular infrequent and sometimes prolonged periods. The womb is itself normal but there is an imbalance in the hormones which should make the ovaries to release the eggs. This means egg production (ovulation) is not regular so there are longer gaps between periods. This allows the womb lining to build up leading to a heavy period when it eventually comes. These sorts of cycles also increase the chance of polyps and precancerous and cancerous changes growing because of the hormonal imbalance. It is most often seen in:

- teenage years,
- around the menopause,
- people with Polyendocrine Metabolic Ovarian Syndrome (PMOS),



What tests can I have?

We will need to check inside your vagina with an instrument to look at the cervix. This is called a speculum. We will also need to use 1 or 2 fingers inside the vagina to examine it. If you are worried about this please let the doctor or nurse know. A chaperone will be available. There are many other tests that we may recommend to you to find out the cause of the bleeding in your case:

- **Ultrasound scan:** to look for fibroids, adenomyosis, cysts, or polyps. Sometimes we may do an MRI scan. This can be helpful if the ultrasound is unclear.
- **Blood tests:** This will check you for anaemia, thyroid problems and clotting disorders. We do this if you have other symptoms that suggest these conditions. We do not need to test hormone levels (FSH) to see if you are going through the menopause. This is unreliable in people with a womb over 45 years. If you are over 45 years and having symptoms of the menopause that is enough to say you are perimenopausal. It is not very reliable over the age of 40 either
- **Endometrial biopsy:** We would need to take a small sample from the lining of the womb to test for abnormal cells. We do this using a speculum and a tiny straw. We pass this through the cervix to take sample of the lining. This may be uncomfortable or sometimes painful. It can cause some bleeding for a few days.
- **Hysteroscopy and biopsy:** We will pass a small camera through the neck of the womb to see the inner lining of the womb. We will check for polyps, abnormal cells and fibroids that grow into the womb cavity (submucous fibroids). We often do this in clinic with painkillers. We can also do this under general anaesthetic (where you are put to sleep) if you prefer and it is safe to do so.
- **Laparoscopy:** This is an operation to look into the abdomen with a small camera. We may need to do this if we think you have endometriosis and tablets have not worked.

What are the treatments options?

Treatments offered will depend on the most likely problem that is causing your bleeding.

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

This is a group of non-hormonal medicines. It includes aspirin and ibuprofen. These medicines are effective pain relief and also often help reduce the amount of bleeding by up to half. The most often prescribed of these are Mefanamic acid (MFA) and Naproxen. You should take it regularly from the start of the period or period pain until the period finishes. It should be avoided if you have a stomach ulcer, reflux, or kidney disease or when other NSAIDs or blood-thinning medicines are being used. If you have asthma sometimes these can make your asthma worse. It should also not be used alongside combined oral contraceptive pills. The combination increases the risk of blood clots in the veins or lung from 4 extra cases to 23 additional cases in 100,000.

- ### Tranexamic Acid (TXA)

This medicine slows the flow of bleeding by stopping the breakdown of little blood clots in the blood vessels of the womb lining. You may not be able to take these if you have ever had a blood clot in a vein (deep vein thrombosis) or artery or lung (pulmonary embolus) or had a heart attack or stroke but can be a very good non-hormonal way of controlling heavy periods. It is taken from the first day of the period but no more than 4 days in a row.

- ### Hormones

Hormones are very good at controlling heavy periods. There are different ways that these can be given depending on your circumstances and whether you also need or want contraception at the same time. They will not prevent the menopause from happening

- ### Levonorgestrel intrauterine device (LNG-IUD)

This is a plastic device which fits into the womb and releases a very low dose of progesterone hormone steadily into the womb. Side effects are less common as the dose is low. It often settles after the first few months of use but it can take over 6 months to see the full benefit. It is recommended as the first treatment option and lasts for up to 8 years. LNG-IUD prevents pregnancy in 997 in 1000 people with a womb for up to 8 years and 5 years as part of HRT. Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for ‘Having a Levonorgestrel intrauterine device (LNG-IUD) fitted’ or leaflet number 1125. You can also scan the QR code.

- ### Combined oral contraceptive pill (COCP)

As well as being very good at preventing pregnancy, these usually also slow the flow of bleeding. As long as you do not smoke and have no other cardiovascular risk factors these can be used up to age 50, as long as you take a low dose version (20 microgam oestrogen instead of 30 microgam) such as Mercilon or Eloine. They often help with hot flushes and other menopause symptoms too.

- **Progesterone-only pills**

As well as being effective at preventing pregnancy, these usually reduce heavy bleeding or stop periods altogether. Some patients may have light but irregular bleeding especially in the first few months of use. You may get other side effects such as breast tenderness and bloating which often settle within a few months of taking them.

- **Cyclical progesterones**

If you do not need contraception, but have heavy and /or long lasting or irregular periods, progesterone tablets can be taken to regulate the cycle and give a more predictable bleeding pattern and balance out the hormones in dysfunctional bleeding. Medroxypogesterone acetate or Dydrogesterone are given 2 times a day, or Norethisterone is given 3 times a day from the 5th day of your period to the 26th day of your cycle (21 days).

1 or 2 days after stopping the tablets, your period will start (day 1 again) and you can use Mefenamic acid and/or Tranexamic acid between day 1 and 4 to reduced bleeding further.

- **Contraceptive Implant (Nexplanon) and injection (Depo-provera, DMPA)**

Although these are not licensed for use to treat heavy periods, these long acting progesterone-only contraceptives do usually significantly reduce bleeding or stop periods altogether as well as being very effective contraceptives, so you can use them if the help you.

- **Removing polyps and fibroids from the womb (hysteroscopy)**

When polyps or fibroids are found in the space inside the womb (called the cavity), these are best removed with a device and camera specially designed to cut away polyps or fibroid tissue to send to the lab for examination. This can be done either under local anaesthetic or general anaesthetic. The device is inserted through a narrow telescope with a light and camera (hysteroscope) and the polyps or fibroids from inside the womb cavity are removed. This reduces the risk of the polyp growing back. Fibroids are more likely to grow back. Often a Mirena can be fitted after the removal of the polyps or fibroid.

Other treatments for fibroids such as myomectomy and SONATA treatment are covered in separate leaflets. Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for ‘Having polyps, fibroids or samples removed from your womb with hysteroscopy’ or leaflet number 464. And ‘Treating fibroids with SONATA’ or leaflet number 372. You can also scan the QR code.

- **Removing the lining of the womb (endometrial ablation) for example, Novasure or Minitouch**

After all other causes of heavy periods have been ruled out and usually after trying the other treatments described, the womb lining may be burnt away to treat your heavy periods. This has a very high success rate, 7 or 8 out of 10 people with a womb report significant improvement in periods and up to half have no periods at all. This treatment is less likely to be successful if you are less than 40 years old. It can be done as an outpatient procedure or under general anaesthetic. Recovery time is only a few days.

Visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Treating heavy periods by surgical ablation of the lining of the womb' or leaflet number 1135. You can also scan the QR code.

- **Hysterectomy**

Where other treatments have failed or are not possible, a major operation can be done to remove the womb permanently. This is as long as it is a safe option for you. You will no longer have periods and **will not be able to have a baby** after the operation. This may be carried out through a keyhole surgery or through a cut in the lower tummy-depending on the size of your womb, if you have endometriosis and any previous surgery you may have had. This treatment carries the highest risk.

For more information visit: https://yourhealth.leicestershospitals.nhs.uk/ and search for 'Having a hysterectomy by keyhole surgery' or leaflet number 1136. Search for 'Having an abdominal hysterectomy' or leaflet number 921. And 'Having a hysterectomy by keyhole surgery' or leaflet number 1136. You can also scan the QR code.

Your choices: this table below compares all the options, risks, side-effects

Leaflets about the conditions in this leaflet can be found here:
yourhealth.leicestershospitals.nhs.uk/

	NSAIDs	Tranexamic Acid	COCP and Progesterone	IUS (and Implants and DMPA)	Endometrial ablation	Hysterectomy
Success rates	Up to 50% decrease in flow	Up to 50% decrease in flow	Up to 50% decrease in flow	4 in 10 after 5 years	7 in 10 after 5 years	100%
Side effects or complications	May cause stomach Irritation, risk of clots (VTE)	TXA may increase risk of clots (VTE)	Hormonal side effects possible	Hormonal side effects for example bloating, irregular bleeding	Up to 1 in 10 women have monthly pain	Complications of major surgery
How and where	Taken with period or when you have pain	Taken with period	Taken daily or in a scheduled pattern	Usually fitted in clinic	Under local or general anaesthetic; 2 to 14 days recovery	Inpatient stay 1 to 3 days; 6 to 8 weeks recovery
Reversibility	Yes	Yes	Yes	Yes	No	No
Need for extra contraceptive	Yes	Yes	No	No	Yes	No
Further surgery	Maybe	Maybe	77%	42%	3%	Almost 0

Contact details: Speak to your GP or nurse for more information.

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