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DEFINITION



- Heavy Menstrual bleed (HMB) is an excessive menstrual blood loss which interferes with a women's physical, social, emotional, and/or material quality of life



PREVALENCE



- 2nd most common gynaecological condition
- Affects 20-30% of women of reproductive age
- In early 1990, 60% had hysterectomy often as first line
- In England and Wales each year 80,000 referred



CAUSES



- 40-60% have DUB
- Uterine Fibroids and polyps are the most common causes
- PID and pelvic infections
- Endometriosis, Adenomyosis, Endometrial hyperplasia or carcinoma

- PCOS





- Systemic diseases
- Coagulation disorder
- Medications
- IUD: Blood loss may be increased by 40-50% over 6-12 months



HISTORY



- Age of menarche
- Menstrual cycle
- IMB
- PCB
- Pain
- General pelvic discomfort



HISTORY



- Underlying systemic disorders
- Family History of endometriosis
- Cervical smear
- Contraceptive use
- Medications
- Impact on QOL



EXAMINATION



- Not acceptable to refer a woman without having first conducted an examination
- This does not need to be at the first consultation
- Request for a female clinician to do the examination should be respected and chaperone policy



EXAMINATION



- General examination: Look for signs of underlying disease
- Abdominal examination
- Pelvic examination



INVESTIGATIONS: WHICH ONE?



- Full blood count and ferritin ?
- TFT ?
- FSH, LH, Prolactin ?
- Clotting screen ?
- USS ?



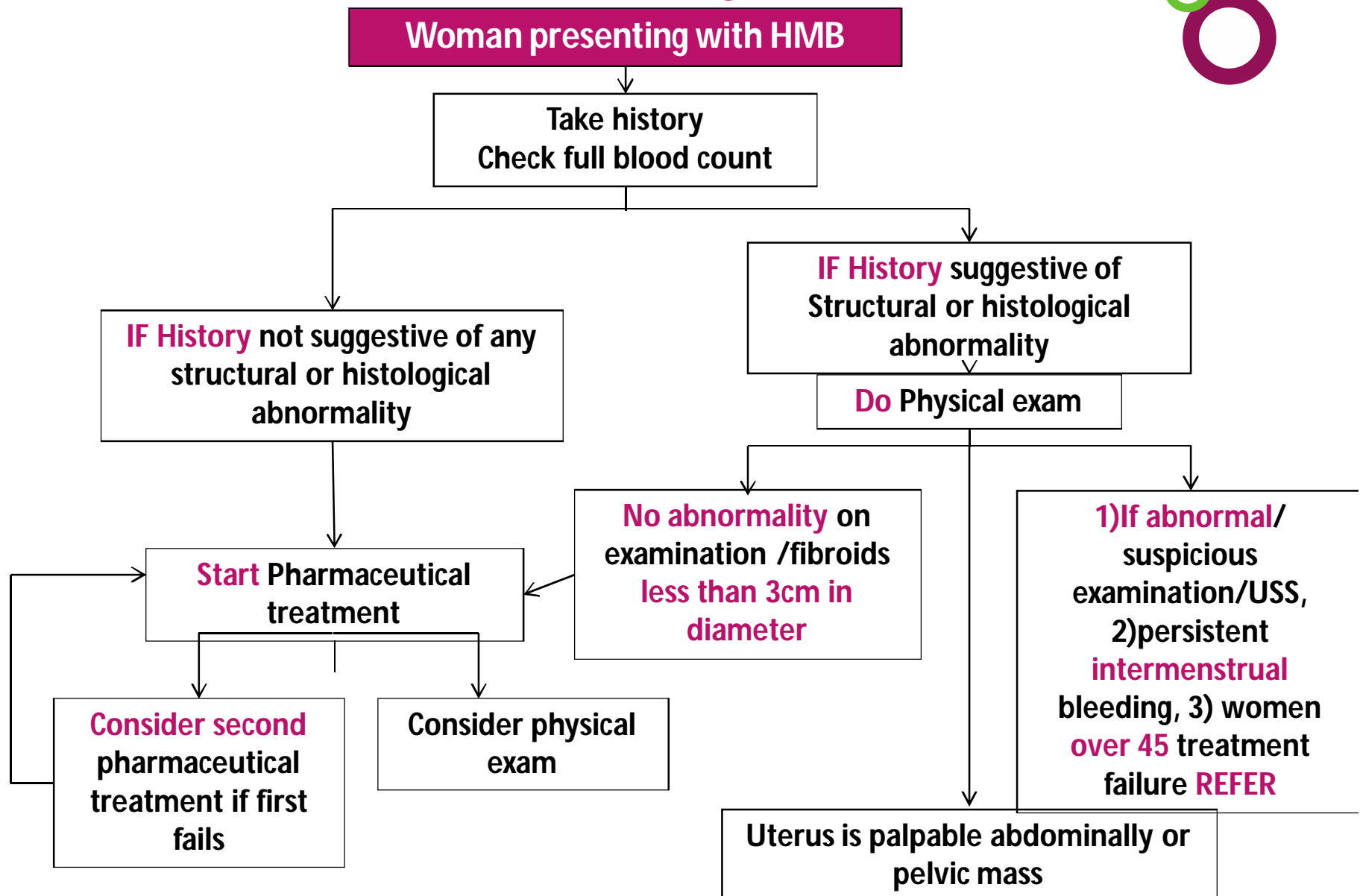
RED FLAG SYMPTOMS



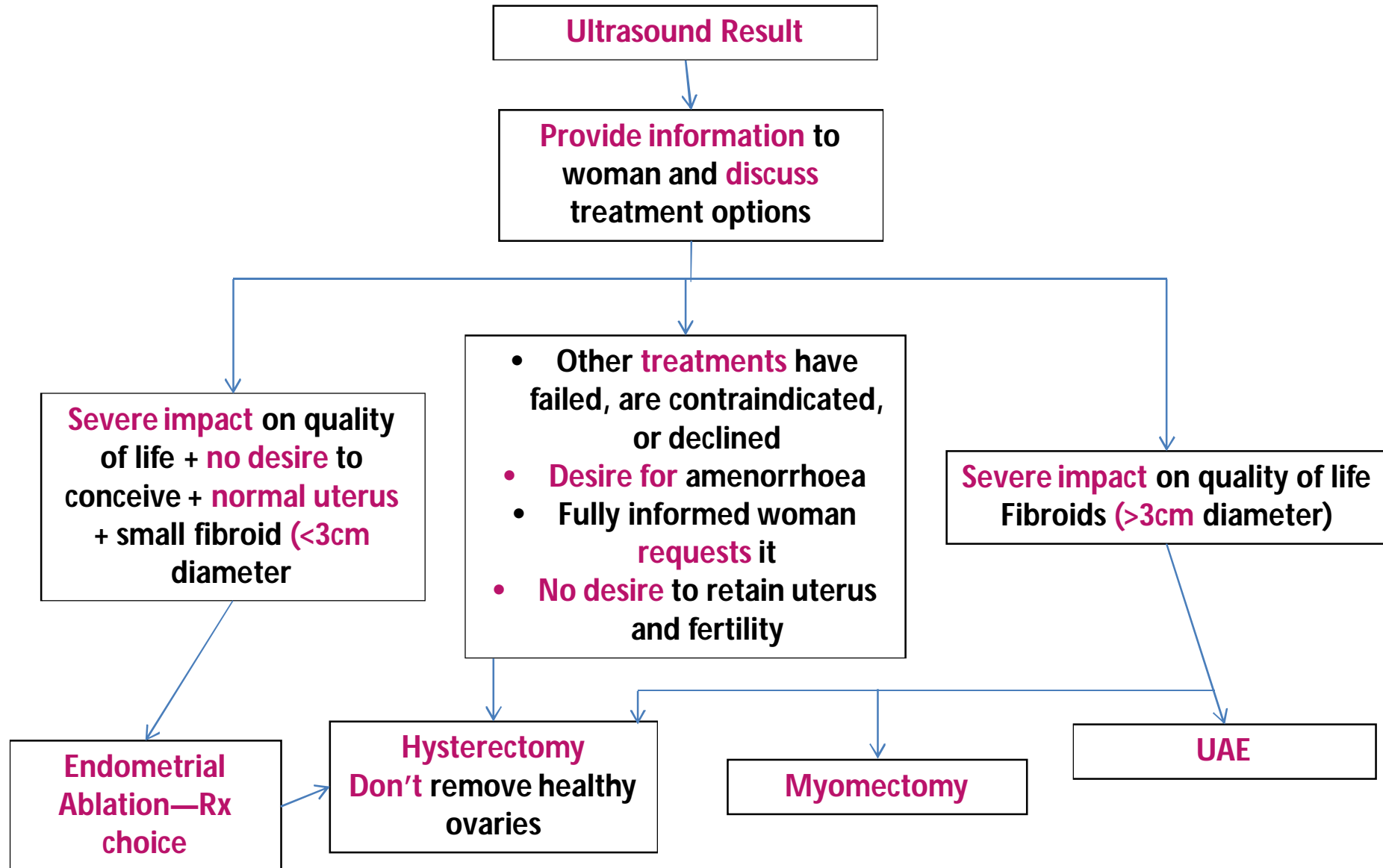
- Persistent IMB or PCB
- Palpable abdominal mass that is not obviously uterine fibroid
- Palpable pelvic mass
- Unexplained vulval lump, ulceration
- Abnormal cervix on examination
- Suspicious finding on USS



Care Pathway HMB



Care Pathway HMB



MANAGEMENT FIRST LINE RX



- Mirena Levonorgestrel-releasing (LNG-IUS)
- Contraceptive, no impact on future fertility
- Slowly releases progestogen and prevents proliferation of endometrium: **Sig. reduction**
- Common side effects: irregular bleeding, hormonal related problems
- Less common: Amenorrhoea
- Rare: Perforation



TRANEXAMIC ACID



- Non hormonal. Not a contraceptive
- Oral antifibrinolytic. **Sig.reduction**
- Dose: 1 gm QDS. Start at onset of bleeding and use for up to 4 days
- If no improvement stop after 3 cycles
- Side effects: GI, headaches.



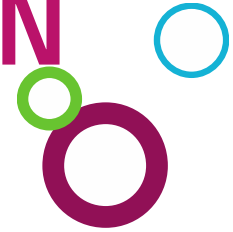
NSAIDs



- Reduces production of PG
- Preferred over Tranexamic acid in **dysmenorrhoea**
- Common side effects: GI side effects
- Rare: worsening of asthma or peptic ulcer



COMBINED ORAL CONTRACEPTION



- No impact on future fertility

88% reduction in blood loss and helps with pain.

- Fibroid volume

- Side effects: Common--mood changes, headaches, nausea, fluid retention, breast tenderness. Rare-DVT



ORAL PROGESTOGEN



- Norethisterone: 5 mg TDS Day 5 to Day 26 of the cycle
- Not a contraceptive.
- Prevents proliferation of endometrium. Helpful in pain
- Common side effects: weight gain, bloating, breast tenderness, headaches, acne
- Rare: depression



INJECTED PROGESTOGEN



- Long acting Depot Medroxyprogesterone
- Contraceptive, no impact on future fertility
- Prevents proliferation of endometrium
- Common side effects: weight gain, irregular bleeding, amenorrhoea, bloating, breast tenderness
- Less common: bone density loss



OTHER



Gn-RH analogues

- Reduce the production of oestrogens and create menopause
- Gradual reduction on bleeding and pain
- Not contraceptive.
- If used for more than 6 months, add- back HRT is recommended
- Common side effects: menopausal like symptoms
- Less common: osteoporosis



FIBROIDS



- Fibroids are a mixture of smooth muscle cells and fibroblasts which form tumours in the myometrium
- Pathophysiology of fibroids. Hypothesis
- Oestrogens and progesterone control the proliferation
- Uterus is the commonest site
- Majority are benign. Less than 1:1000 malignant



RISK FACTORS



- Race: Incidence higher in black and Asian than in white women
- Age: Incidence increases with age during reproductive life
- Earlier menarche
- More common in nulliparous women



RISK FACTORS



- Obesity : weight gain and central distribution of fat ↑
- Heredity: Risk is higher in women with first degree relatives
- Oral contraceptives & Injectable contraceptives ↓ the risk
- Pregnancy: Full term pregnancy is related to lower rates of fibroids



SYMPTOMS



- **HMB:** the most common symptom
- Abdominal pain/discomfort
- Pressure effects:
 - Pelvic pressure
 - Dysparunia
 - Urinary symptoms
 - Bowel symptoms



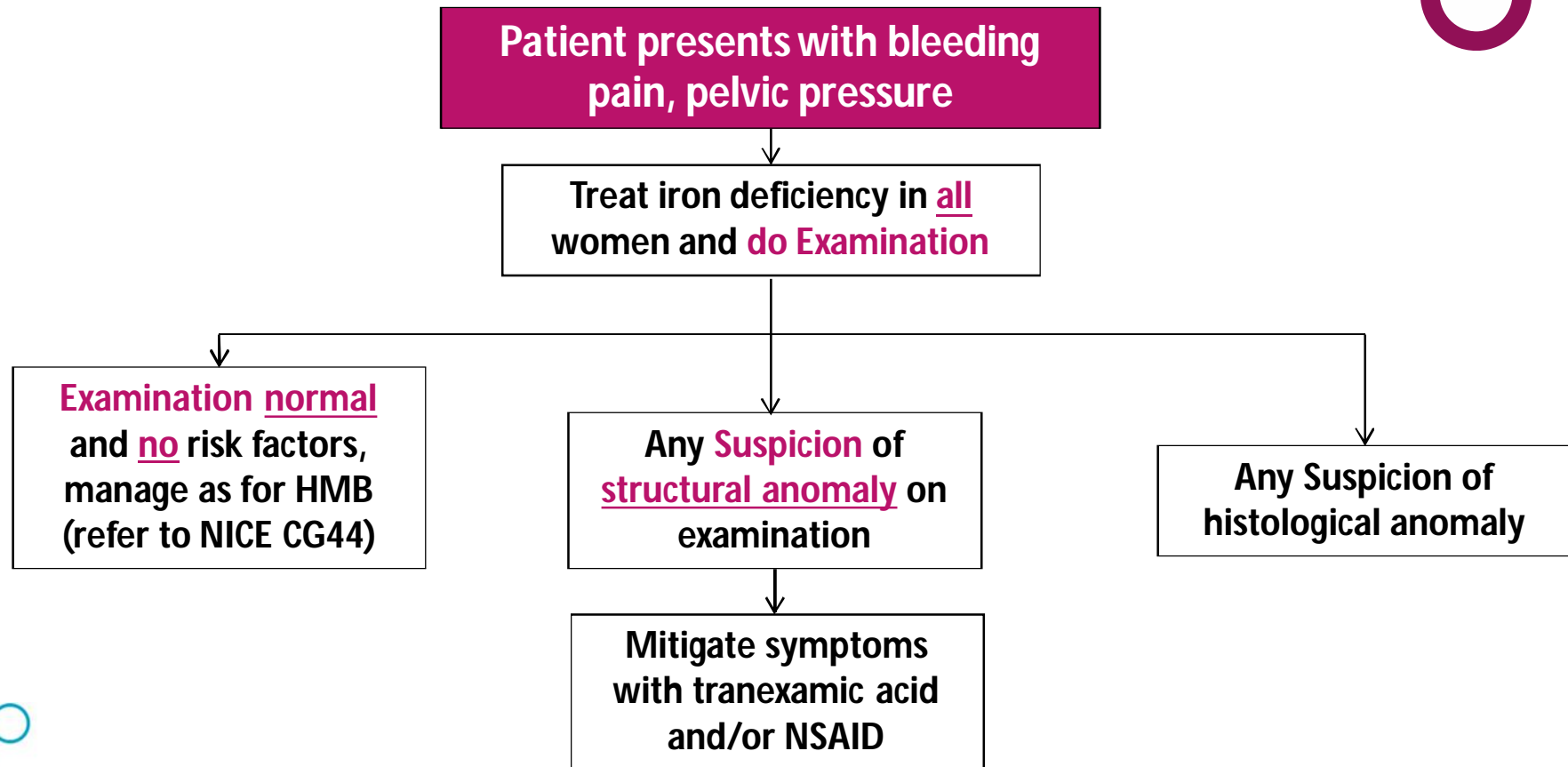
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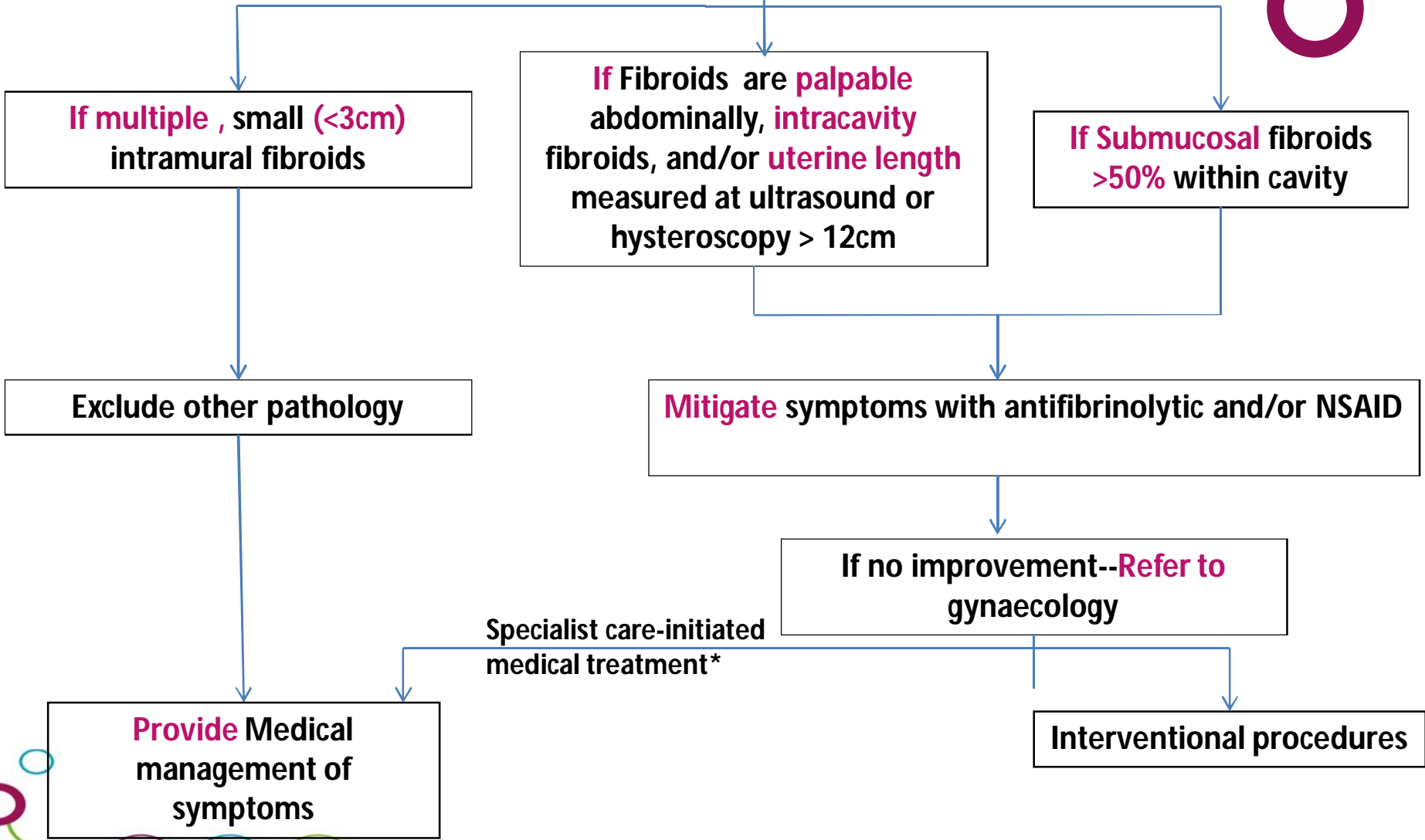
- IMB
- PCB
- Sudden onset pain
- Sudden Increase in size of fibroid in postmenopausal
- USS findings



PRIMARY CARE PATHWAY FOR UTERINE FIBROIDS



Ultrasound diagnosis of fibroids



ULIPRISTAL ACETATE



- Selective PRM
- Licensed for the pre-operative or intermittent Rx of moderate –to-severe symptoms of fibroid
- The approval for short term use is 3/12 and long term intermittent use 12/12 where surgery can be avoided.
- Reduction in bleeding within 7-10 days





- 36-46% reduction in fibroid size by 3/12. Persists for 3-6/12 after stopping the Rx.
- Side effects: Headaches, nausea, abdominal pains, mood swings, breast soreness, tiredness
- 5 mg tablet start during the first week of the cycle for 3/12
 - Cost: £114.13 per pack of 28 tablets





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