

When periods get out of control

Heavy menstrual bleeding or menorrhagia could be due to a multitude of reasons, and in most cases doctors can help patients better manage their periods. *By Lediati Tan*

HAVING VERY HEAVY PERIODS is a common complaint, with an estimated one in four to five women suffering from the condition. But not many think about seeking treatment. Instead, they dismiss it – and the effects of heavy menstrual bleeding – as something to be put up with.

Yet, heavy menstrual bleeding or menorrhagia can have adverse effects on the quality of life for many women.

“It affects their social activities and social life. The flow confines them to their homes because they are feeling tired all the time, needing to change pads often or soiling their clothes,” said Dr Tan Eng Loy, Senior Consultant, Department of Obstetrics and Gynaecology, Singapore General Hospital (SGH).

Moreover, the condition can be an indication of other health problems like fibroids, polyps or even the rare cancer. The most common, though, is anaemia, he said. Anaemia – or a lack of oxygen-carrying red blood cells, usually because of an iron or vitamin B12 deficiency – can lead to tiredness and giddiness. Over time, the condition can cause more serious issues like heart palpitations and chest pain.

One reason that women do not seek treatment may be the subjective nature of the complaint: What is considered heavy bleeding? While the medical definition is 80ml of blood lost during a menstrual cycle, that volume is obviously difficult to measure.

A better assessment would be to ask if the bleeding is heavy enough to cause physical, emotional or psychological discomfort, or if it goes beyond what is socially acceptable to the woman, said Dr Tan.

When that happens, she should seek advice from a doctor. Heavy menstrual bleeding can be due to many reasons.



ABOUT 40 PER CENT OF MENORRHAGIA CASES HAVE NO KNOWN CAUSE. THESE ARE KNOWN AS DYSFUNCTIONAL UTERINE BLEEDING, AND TREATMENT IS FOCUSED ON RELIEVING SYMPTOMS.

DR TAN ENG LOY, SENIOR CONSULTANT,
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These range from benign causes such as fibroids, polyps, endometriosis (growth of uterine-lining tissue outside the uterus) and adenomyosis (endometriosis in the muscle layer of the uterus) to cancer, particularly in women in their 40s.

It could also be the result of pregnancy-related complications.

For women at extreme ends of their reproductive age – adolescents who have just started having periods and women in their 40s who are approaching menopause – the heavy flow may be caused by hormonal imbalance. That is why it is important to see a doctor to determine the cause and seek appropriate treatment.

Still, about 40 per cent of menorrhagia cases have no known cause, said Dr Tan. These are known as dysfunctional uterine bleeding (DUB), and in such cases, treatment is focused on relieving symptoms rather than curing it.

The first and most effective treatment for DUB is to insert a levonorgestrel intrauterine device or IUD, which releases the levonorgestrel hormone. This causes thinning in the lining of the womb – it is the expelling of the lining that causes menstrual bleeding. Studies have shown that the device, which can last five years, helps reduce period flow by about 90 per cent after one year of use, he said.

The side effects of this treatment are usually minimal, he added, with a majority of them resolving within six months. However, this option may not be suitable for women who are looking to conceive, as it is also a contraceptive.

The second line of treatment is to take tranexamic acid or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, said Dr Tan.

Taken either on their own or in combination when the patient is on her period, tranexamic acid works by promoting blood clotting, while NSAIDs help to relieve menstrual cramps as well as reduce levels of prostaglandin, a protein linked to heavy periods. Both medications are non-hormonal in nature, will not affect fertility, and have minimal side effects.

Another medication that is often prescribed to treat DUB is the combined oral contraceptive pill or COCP, which contains both oestrogen and progestogen. It is not recommended for patients above 35 who smoke or are obese, as it increases the risks of developing deep vein thrombosis and stroke.

In addition, doctors may also prescribe iron supplements and recommend an iron-rich diet to prevent or treat anaemia, which can result from excessive blood loss.

Women who no longer want to have children, and in whom the above options have failed, may opt for surgery, said Dr Tan. These include endometrial ablation to destroy the lining of the uterus,

Understanding menorrhagia

Determining what constitutes an abnormally heavy period can be rather subjective, but you should see a doctor if you experience the following:

Changing pads or tampons often, including having to get up at night to change them

Bleeding that results in large blood clots

Staining of underwear or clothes despite using sanitary protection

Needing to use double the sanitary protection to control the flow

Showing symptoms of anaemia (low haemoglobin count), such as tiredness, dizziness or becoming short of breath easily

or hysterectomy to remove the womb.

For patients inclined towards herbal remedies or traditional medicine to treat DUB, Dr Tan said it was important that they see a doctor first to rule out sinister causes for the heavy bleeding. He also advised them to visit a doctor after a few months of taking traditional remedies to check on the status of their condition.

Women often consider expelling blood to be good, as it is akin to removing toxins from the body. To treat DUB, Dr Tan said that it was important to correct that wrong perception, and that taking medication to reduce menstrual bleeding is bad for the body.



Women who have excessively heavy periods may be prescribed iron supplements to prevent anaemia, said Dr Tan Eng Loy.



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