

HEAVY MENSTRUAL BLEEDING

DEFINITION

Heavy menstrual bleeding (HMB) or heavy periods is a condition characterized by heavy or excessive blood loss during the menses. The condition is complex, as it can have a variety of causes which may or may not be interrelated. The period itself may be heavy enough to preclude normal activity and/or the duration may exceed 7 days, both of which may result in significant blood loss and anemia.

SYMPTOMS

HMB often results in a sense of weakness or fatigue caused from anemia and frequently interferes with all aspects of a woman's life, including work, school or family time due to the constant need to change pads or the accompanying discomfort from uterine cramping. Many women remain at home during the first few days of their period and often schedule their lives around this compromising week of their life. The flow of menstrual blood often contains clots and precludes the use of tampons as the heavy flow renders them ineffective.

CAUSES OF HEAVY MENSTRUAL BLEEDING

1. Hormonal imbalance during adolescence or menopause is the most common cause of heavy menstrual bleeding. During adolescence after girls have their first periods, and for several years before the onset of menopause when menstruation ceases, our hormones levels are fluctuating which often leads to excessive uterine bleeding during our periods. It's often possible to treat menorrhagia caused by hormonal imbalances with birth control pills, progesterone, NSAIDS or uterine ablation. Another newly approved drug, Lysteda, has recently been approved by the FDA for the treatment of heavy menstrual bleeding.
2. Uterine fibroid tumors are another very common cause of excessive menstruation. It's important to understand that fibroid tumors are usually benign (non-cancerous) tumors that often occur in the uterus of women during their thirties or forties. While the cause of uterine fibroid tumors is unclear, it is clear that they are estrogen-dependent. Several surgical treatments are available for treating fibroid tumors of the uterus including myomectomy, endometrial ablation, uterine artery embolization, and uterine balloon therapy, as well as hysterectomy. Non-surgical pharmacological treatments for fibroid

tumors include GnRH agonists, such as Lupron and oral contraceptives, androgens, RU486 (the abortion pill), and gestrinone. Some women find natural progesterone to be an effective treatment for uterine fibroid tumors. Often, when symptoms are not severe or troublesome, a “wait and see” approach is taken. Once menopause occurs, uterine fibroid tumors typically shrink and disappear without treatment.

3. Cervical polyps are small, fragile growths that begin in either the mucosal surface of the cervix, or the endocervical canal and protrude through the opening of the cervix. The cause of cervical polyps is not clear; however, they are often the result of an infection and many times associated with an abnormal response to increased estrogen levels or congestion of the blood vessels located in the cervix. Women most commonly affected by cervical polyps are those over the age of twenty who have had children. A simple out-patient office procedure that removes the growth is the usual treatment for cervical polyps.
4. Endometrial polyps are typically non-cancerous, growths that protrude from the lining of the uterus. The cause of endometrial polyps is unclear, although they are often associated with an excess of estrogen following hormone treatment or some types of ovarian tumors. Treatments for endometrial polyps include hysteroscopy and D&C. A pathology lab will evaluate endometrial polyps for cancer following removal.
5. IUDs or intrauterine devices used for contraception are a potential cause of heavy menstrual bleeding or menorrhagia. Women who experience prolonged or heavy periods while using the IUD should have the device removed and choose an alternate method of birth control.
6. Pelvic inflammatory disease (PID) is an infection of one or more organs that affects the uterus, fallopian tubes, and cervix. PID is, most often, a sexually transmitted disease; however, it sometimes occurs following childbirth, abortion, or other gynecological procedures. The recommended treatment for pelvic inflammatory disease is antibiotic therapy.
7. Undiagnosed pregnancy may result in abnormal bleeding, especially if it results in a miscarriage.
8. Lastly, it is important to differentiate heavy periods from a dysfunctional irregular bleeding. Other complications from a range of conditions may contribute to this condition, including some forms of cancer and autoimmune diseases such as Lupus; complete examination of a woman's total health picture are advised, as multiple tests may be required to form a complete diagnosis. (Source: Tracee Cornforth, About.com).

***Always report postmenopausal bleeding because that may be the first sign of uterine (endometrial) cancer.

TREATMENT ALTERNATIVES

As there are so many different conditions which may contribute to Heavy Menstrual Bleeding , no single treatment can be suggested. As some of the symptoms may be indicators of serious disease conditions, consultation with a gynecologist is essential.

WHEN TO SEE A DOCTOR

If you are experiencing one or more of the symptoms listed above, make a note of them and schedule a visit that includes time for a blood test, urinalysis and Pap smear, as some of these symptoms are also indicative of other health conditions. It is important that you keep a detailed diary of the length and severity of your periods, and any cramping or other pain both during the flow of menstrual blood and any pain in between periods.

PARTICIPATE IN A CLINICAL RESEARCH STUDY

If you or someone you know has been diagnosed with Heavy Menstrual Bleeding or any other gynecological or urological condition, you may want to receive notice of upcoming clinical research study with Precision Trials.

Please click here to complete an on-line inquiry form or call:

602-931-4507

Compensation may be available to qualified participants for travel in the Phoenix, AZ area, including but not limited to Gilbert, Chandler, Mesa, Scottsdale, Glendale, Paradise Valley, Peoria, and Sun City.

Participation is voluntary.