

Medical treatment options for women with heavy menstrual bleeding (HMB) of endometrial origin (HMB-E)

Information for patients and carers

Does this information apply to me?

Yes, if you are a woman who has heavy periods that are not due to structural causes (e.g. polyps or fibroids). It does not cover heavy periods caused by endometriosis, hormone therapy or bleeding disorders or bleeding that is not related to your menstrual cycle.

Working with you

Your doctor should talk with you about heavy periods. They should explain any tests and treatments so that you can decide together what is best for you. You should be allowed time to make your decision. Your family or carer can be involved in helping to make decisions, but only if you agree. Your doctor should discuss the benefits and risks of each treatment with you.

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

If one treatment isn't suitable for you, or if you try one treatment and it doesn't work, it may be possible to try another option. Some of the treatments make your periods lighter and some may stop the bleeding completely. Some of the treatments are also contraceptives.

Treatment options

- **Levonorgestrel- releasing Intrauterine System (LNG-IUS: Mirena®)**

What is it: A small plastic device (intrauterine system; IUS) that is placed in the womb and slowly releases progestogen (similar to the natural hormone, progesterone). The IUS may remain in the womb for up to 5 years (or longer if you are over 45 when it is inserted).

How does it work: Prevents the lining of the womb from growing quickly. Approximately 4 in 5 women will have a significant reduction in their menstrual blood loss (up to 90% reduction).

Impact on fertility: It is a contraceptive but fertility returns within a month once it is removed.

Possible complications/unwanted side effects: Commonly causes irregular bleeding or spotting that may last for over 6 months; breast tenderness, acne or headaches may occur but are generally minor and short lived. Less commonly it will stop periods completely. Sometimes this device can fall out. Occasionally the IUS can perforate the womb when it is inserted and rarely women require a keyhole procedure for this complication. The risk of infection is increased for 2-3 weeks after insertion and a course of antibiotics may be required.

- **Tranexamic and/or Mefenamic Acid**

What are they? Non-hormonal tablets taken from the start of your period for up to 4/5 days

How do they work? Tranexamic acid helps the blood in the womb to form clots, which reduces the amount of bleeding. Mefenamic acid is an anti-inflammatory medication.

Impact on fertility: None

Possible unwanted side effects: May cause indigestion and/or diarrhoea. Women who have had a blood clot in their leg or lung should not use tranexamic acid.

- **Combined oral contraceptive pill**

What is it? Pills containing the hormones oestrogen and a progestogen. Traditionally, one pill is taken daily for 21 days, then you stop for 7 days and repeat this cycle. It is also safe to take the

pills “back-to-back” and take fewer breaks to reduce the number of bleeds.

How does it work? Prevents a physiological menstrual cycle

Impact on fertility: This is a contraceptive. Fertility returns on stopping the medication

Possible unwanted side effects: Common side effects can include mood change, headache, nausea, fluid retention, and breast tenderness.

- **Oral Progestins (Norethisterone/Medroxyprogesterone acetate)**

What is it? Tablets taken 2 to 3 times a day from the 5th to the 26th day of your cycle (counting the first day of your period as day 1).

How does it work? Prevents the lining of the womb from growing quickly.

Impact of fertility: Should not be relied upon as a contraceptive but will decrease the chance of becoming pregnant. Fertility potential will return on stopping the medication.

Possible unwanted side effects: Common side effects can include weight gain, bloating, breast tenderness, headaches, and acne (usually minor and short lived). There is a slight increased risk of blood clots in the legs or lungs with long-term use of Norethisterone and women at higher risk of blood clots wanting to use this type of treatment should be prescribed Medroxyprogesterone acetate.

- **Injected or implanted progestins**

What is it? An injection of progestin (similar to the natural hormone, progesterone) given every 3 months. An implant is also available that releases progestin slowly for up to 3 years.

How does it work? Prevents the lining of the womb from growing quickly.

Impact of fertility: Fertility returns on stopping the medication although time-frame of return of fertility will vary depending upon the preparation administered. The progestogen injection can rarely cause a delay in fertility of up to 18 months.

Possible unwanted side effects: Common side effects can include weight gain, irregular bleeding, absence of periods, and premenstrual symptoms (including bloating, fluid retention, and breast tenderness). Bone density loss is a less common side effect.

- **Gonadotrophin- releasing Hormone Analogue e.g. Decapeptyl/Lupron/Prostap**

What is it? An injection that stops the body producing the hormones oestrogen and progesterone, effectively creating a temporary (reversible) menopause.

How does it work? It prevents the menstrual cycle. It can be used for 6 months on its own or longer with hormone replacement therapy (up to 2 years). This option is not normally suitable as a long-term treatment.

Impact of fertility: Non-hormonal contraception is advised while using this option. It is unlikely that you will be able to conceive on this treatment but fertility returns rapidly on stopping.

Possible unwanted side effects: Common side effects can include menopause-like symptoms (for example, hot flushes, increased sweating, vaginal dryness). There is a less common risk of osteoporosis with longer-term use. Your doctor may offer you hormone replacement therapy to take alongside this treatment to prevent/lessen these effects.

Note: The most common unwanted effects may be experienced by 1 in 100 women. Less common unwanted effects are those experienced by 1 in 1000 women. Rare unwanted effects are not shown here.

Contact telephone numbers

RIE Gynaecology Triage	0131 242 2551	St John's Hospital	01506 524 112
Chalmer's Centre	0131 536 1070	NHS 24 (for urgent advice when your GP is closed)	111