

PRIMARY CARE MANAGEMENT GUIDELINES

Heavy Menstrual Bleeding

DATE & VERSION: 23 August 2004, 15:16.06

NATIONAL GUIDELINE

DISTRICT HEALTH BOARD: National

Heavy menstrual bleeding (HMB) is usually a subjective symptom, related to a woman's perception of "normal" or acceptable menstrual bleeding. This heavy bleeding is regular and may be very obvious on history taking but in many cases this new level complained of may not be heavy menstrual bleeding. It is recommended that a pictorial chart be kept for 3 months to give a semi-objective assessment. Irregular bleeding although it may be heavy is not included in this definition. Associated features are also relevant in planning management.

CLINICAL PROBLEM (Clinical Determinants)	ACTIONS	LOCAL IMPLEMENTATION REQUIREMENTS
ALL PATIENTS WITH HEAVY MENSTRUAL BLEEDING		
All Patients	Give patient information leaflet	
All Patients	Monitor problem in primary care	Pictorial bleeding assessment if appropriate
CLINICAL RISK FACTORS IN ADDITION TO HEAVY MENSTRUAL BLEEDING		
<ul style="list-style-type: none"> weight > or = 90kg age > or = 45 years infertility + nulliparity 	<ul style="list-style-type: none"> Transvaginal ultrasound (TVU) scan 	Proforma referral
<ul style="list-style-type: none"> hereditary nonpolyposis colorectal cancer¹ family history of endometrial carcinoma 	<ul style="list-style-type: none"> TVU scan - if normal, repeat 3 yearly 	
<ul style="list-style-type: none"> exposure to unopposed oestrogen or tamoxifen 	<ul style="list-style-type: none"> TVU scan - if normal, repeat 1 yearly 	
TVU scan endometrial thickness ≥ 12mm	Perform pipelle endometrial biopsy ²	Proforma referral
<ul style="list-style-type: none"> Hb < 80 g/l Irregular or intermenstrual bleeding³ Abnormal pelvic or abdominal examination Abnormal endometrium on pipelle biopsy Inadequate response to medical treatment 	Refer to Gynaecologist	Proforma referral
DESIRE FOR REDUCED HEAVY MENSTRUAL BLEEDING AND		
Desire for reduced HMB and cycle regularity	Oral progestogens 5mg three times daily (days 5-25)	
Desire for reduced HMB and any of: cycle regularity, contraception, treating dysmenorrhoea, treating PMS	Oral contraceptive pill	Prescribe (local preferred Rx)
Desire for reduced HMB and contraception and/or treating dysmenorrhoea	MIRENA (levonorgestrel intrauterine system)	Refer to Gynaecologist or Family Planning Clinic
Desire for reduced HMB and treating dysmenorrhoea and/or headaches	NSAID (24-48 hrs before and during heaviest bleeding days)	Prescribe (local preferred Rx)
Desire for reduced HMB with non-hormonal therapy	Tranexamic acid - 1g three times daily (during heaviest bleeding days)	
OTHER		
History of other abnormal bleeding sites	Tests for coagulopathy	See "Bleeding Disorders" ⁴
Iron deficiency	Iron replacement	

SEE NOTES ON REVERSE >>>

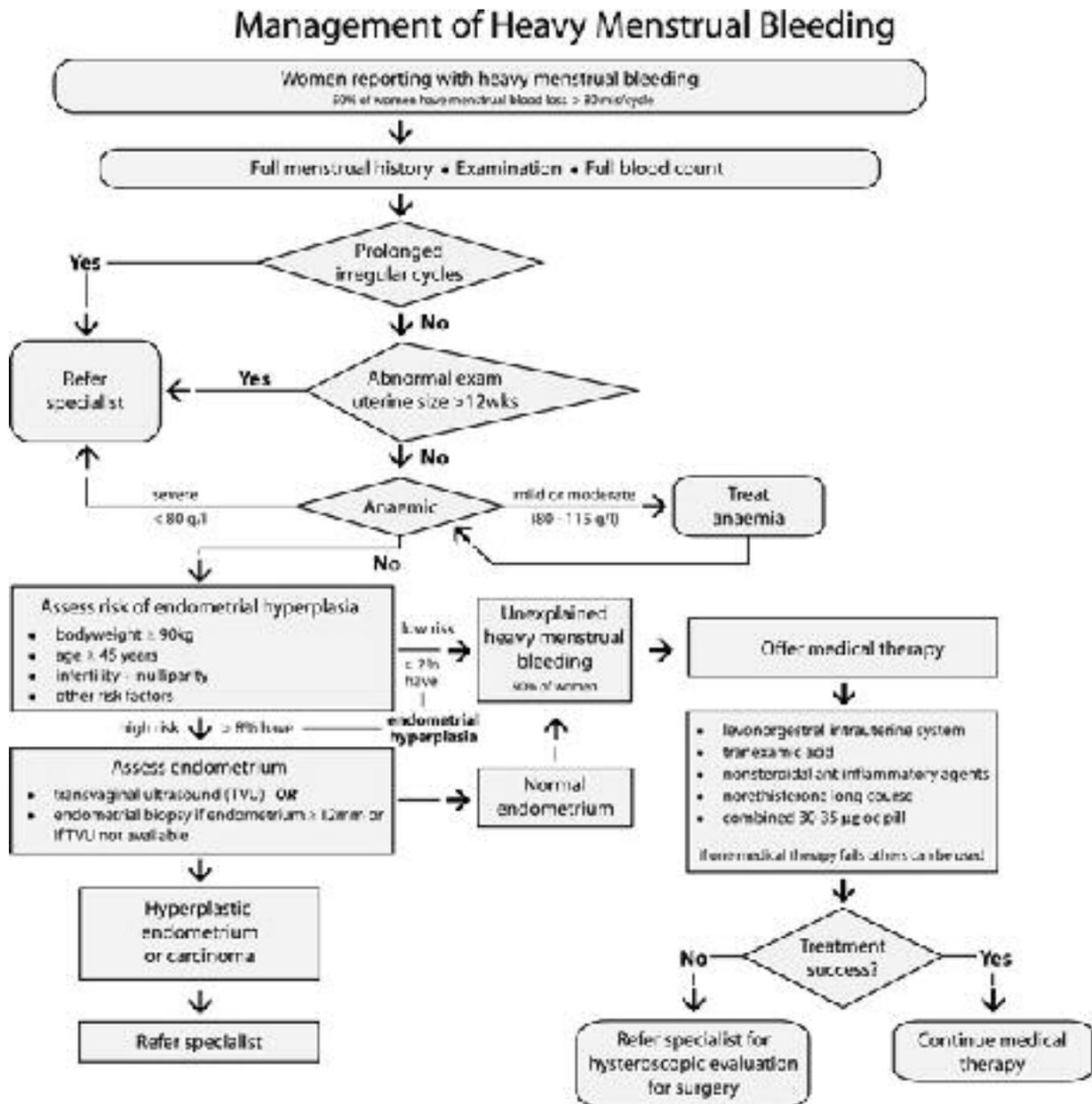
Heavy Menstrual Bleeding

NOTES:

1. Hereditary nonpolyposis colorectal cancer (HNPCC) is a disease characterised by the early onset of colorectal cancer and by other non-GI malignancies such as endometrial and renal cell carcinoma.
2. Only if experienced in technique. If pipelle fails to sample sufficient tissue, refer to specialist.
3. Definition of irregular bleeding - bleeding persisting for 6 months despite hormone treatment with no abnormality noted on examination.
4. See Elective Services Haematology National Referral Guidelines - Bleeding Disorders at: www.electiveservices.govt.nz

REFERRAL LETTER INFORMATION

Indication for referral, response to therapy, menstrual history, obstetric history, pelvic examination/smear result, full blood count, TVU and/or pipelle results if done, bleeding assessment chart if appropriate, all current medications and treatment, allergies.



Acknowledgement to Members of the NZGG group who developed the Heavy Menstrual Bleeding Guideline:

See NZGG website for FULL guideline: http://www.nzgg.org.nz/guidelines/dsp_guideline_popup.cfm?guidelineCatID=32&guidelineID=32

The Elective Services Gynaecology National Referral Guidelines and the Heavy Menstrual Bleeding Primary Care Management Guidelines can be found at: www.electiveservices.govt.nz

This management guideline has been prepared to provide general guidance with respect to a specific clinical condition. It should be used only as an aid for clinical decision making and in conjunction with other information available. The material has been assembled by a group of primary care practitioners and specialists in the field. Where evidence based information is available, it has been utilised by the group. In the absence of evidence based information, the guideline consists of a consensus view of current, generally accepted clinical practice.