Non-Hormonal Treatments for Heavy Menstrual Bleeding (HMB)

Heavy menstrual bleeding is a very common phenomenon. 10-35% of women of reproductive age seek medical care for heavy, sometimes debilitating menstrual periods. Of these women, up to 67% will develop iron deficiency anemia over time due to their heavy menses. There are many different types of treatment for heavy menstrual bleeding, many of which involve the use of hormones to manipulate the amount of bleeding that occurs each month. Many women have contraindications to hormones, or prefer not to use hormones as an option to reduce heavy menstrual bleeding.

NON STEROIDAL ANTI-INFLAMMATORIES

The use of NSAIDS (non-steroidal anti-inflammatories) such as naproxen or ibuprofen can reduce the amount of menstrual blood flow by 20-50% in some women when started early enough during menses. NSAIDS work by reducing the rate of prostaglandin production (the hormones that are responsible for pain). By reducing prostaglandin formation in the uterine lining, NSAIDS allow improved vasoconstriction of the superficial uterine vessels lining the uterus, which leads to reduced bleeding. These are available over the counter. By starting NSAIDS the day prior to menses, the amount of prostaglandin production is reduced, as well as potential menstrual cramping as well. These medications should be taken with food or milk, and through the heaviest days of the menses. It is important to follow directions closely when taking any medications to reduce any potential side effects. Most common side effects of NSAIDS are GI upset, and these should not be taken by patients with a history of gastric ulcers or some bleeding disorders.

TRANEXAMIC ACID

Tranexamic acid (name brand LYSTEDA) is a non-hormonal prescription medical treatment option for women with heavy periods. Tranexamic acid, an anti-fibrinolytic, can reduce the amount of menstrual blood flow by up to 55% in most women. This medication is taken during the heaviest days of the menstrual period. Two tablets, three times daily during the heaviest days of flow is recommended. It is an excellent non-hormonal treatment for women suffering heavy menstrual bleeding. It is more effective than NSAIDS in reducing heavy menstrual blood flow. Although it is not hormonal, it is not recommended for women at increased risk for thromboembolic disease (formation of blood clots.) Most insurances will cover this medication, usually with the patient being responsible for a minimal prescription co-pay.

ENDOMETRIAL ABLATION

Endometrial ablation is a minimally invasive surgical procedure that involves cauterization or freezing of the endometrial lining. It is not recommended for women who desire to have a future pregnancy, as it can interfere with implantation of the placenta. It is highly effective in most

women, and can be done in the office setting. On average, 95% of women have significantly less bleeding, and many stop having menstrual bleeding altogether. An Endometrial ablation procedures usually last 8 years or longer.

There are several types of endometrial ablation:

- One of the most common types of endometrial ablation technique is called the NOVASURE endometrial ablation, which uses a small device inserted into the uterine cavity that cauterizes the endometrial lining, resulting in reducing the amount of cells that normally fill with blood prior to menses. This procedure is commonly done in the office setting, and takes approximately 90 seconds of cautery to complete.
- 2. HER Option is another technique for endometrial ablation. This option uses ultrasound guidance and a small probe to freeze the endometrial lining, resulting in destruction of the endometrial lining cells that normally fill with blood prior to menses. This is also offered in the office setting. Discomfort can be minimized for patients by receiving a preoperative intramuscular medication called ketorolac, an anti-inflammatory medication given about 30 minutes prior to the procedure.

Endometrial ablation procedures have significantly reduced the number of hysterectomies for heavy menstrual bleeding in the United States and internationally.

There are always risks involved in any type of medical or surgical treatment. Many women suffer from heavy menstrual bleeding, and this can result in absenteeism from work or school, as well as significantly impacting a woman's quality of life. Since there are many potential causes and treatments available for heavy menstrual bleeding, it is important for you to be evaluated by your healthcare provider so that together you can individualize a treatment option that best suits your needs.

Resources: www.novasure.com, www.lysteda.com, www.heroption.com