

Menstruation - menorrhagia

Menorrhagia is heavy menstrual bleeding, or bleeding between periods. Around 40ml of menstrual fluid is passed during the average period. Normally, the bleeding stops once the lining of the uterus (endometrium) is shed. For some women, the bleeding is excessively heavy (more than 80ml) or spotting occurs at other times in the menstrual cycle. In most cases, the cause is mysterious. Some of the known causes of menorrhagia include fibroids, polyps, endometriosis, infection and some forms of contraception. Untreated, menorrhagia can lead to other health problems including anaemia.

Symptoms

Symptoms of menorrhagia include:

- Heavy blood loss during the menstrual period
- Bleeding or spotting between periods
- Cramping and pain in the lower abdomen
- Fatigue.

A range of causes

In most cases, no cause can be found. Some of the known causes of menorrhagia include:

- **Abortion** - either spontaneous (miscarriage) or induced.
- **Ectopic pregnancy** - the fertilised egg lodges in the slender fallopian tube instead of the uterine lining.
- **Hormonal disorders** - conditions such as hypothyroidism (low levels of thyroxine) can disrupt the menstrual cycle.
- **Endometriosis** - the cells lining the uterus (endometrial cells) migrate to other areas of the body, including - for example - the muscular wall of the uterus.
- **Infection** - such as chlamydia or pelvic inflammatory disease (PID).
- **Medications** - such as anticoagulants that hinder the clotting ability of the blood.
- **Intrauterine device (IUD)** - a contraceptive device that acts as a foreign body inside the uterus and prompts heavier periods.
- **Hormonal contraceptives** - such as the combined oral contraceptive pill or DepoProvera (administered by injection).
- **Fibroids** - benign tumours that develop inside the uterus.
- **Polyps** - small, stalk-like projections that grow out of the endometrium. Polyps may be associated with fibroids.
- **Bleeding disorders** - such as leukaemia and Von Willebrand's disease.
- **Cancer** - most cases develop in the endometrium, though some cancers grow in the muscle layers of the uterus.

Promising research

In most cases, the cause of menorrhagia is unknown. Research has found that particular chemical substances inside the uterus contribute to the process of menstruation. Endothelin is a substance that helps to stop the bleeding, but women with menorrhagia have very little endothelin. This suggests that their excessive bleeding could be curbed with medications that act on endothelin levels. Research is ongoing.

Diagnosis methods

Diagnosing menorrhagia involves a number of tests including:

- General examination
- Medical history
- Menstrual history
- Physical examination
- Pap smear

- Blood tests
- Vaginal ultrasound
- Endometrial biopsy.

Treatment options

Treatment for menorrhagia depends on the cause but may include:

- **Medication** - such as prostaglandin inhibitors, hormone replacement therapy or antibiotics.
- **Dilatation and curettage (D&C)** - the cervix is dilated and the endometrium gently scraped away.
- **Change of contraception** - methods of contraception other than the IUD or hormones may need to be explored.
- **Surgery** - to remove tumours, polyps or fibroids, or to treat ectopic pregnancy.
- **Treatment of underlying disorder** - such as hypothyroidism or bleeding disorder.
- **Hysterectomy** - the removal of the entire uterus is a drastic last resort, and usually not considered as a treatment for menorrhagia unless serious disease, such as cancer, is also present.

Self-help suggestions

Suggestions on managing menorrhagia include:

- Get plenty of rest.
- Avoid aspirin, since this is an anticoagulant and may contribute to excessive bleeding.
- Eat a well balanced diet.
- Take iron supplements to prevent anaemia.

Where to get help

- Your doctor
- Gynaecologist
- Family planning clinic
- Family Planning Victoria Tel. (03) 9257 0100

Things to remember

- Menorrhagia is excessive menstrual bleeding, or bleeding between periods.
- In most cases, the cause can't be found.
- Known causes of menorrhagia include polyps, fibroids, endometriosis, infection and some forms of contraception, such as the IUD.
- Treatment options include medications and dilatation and curettage (D&C) to remove the uterine lining.

This page has been produced in consultation with, and approved by:

Prince Henry's Institute of Medical Research

Content on this website is provided for education and information purposes only. Information about a therapy, service, product or treatment does not imply endorsement and is not intended to replace advice from your doctor or other registered health professional. Content has been prepared for Victorian residents and wider Australian audiences, and was accurate at the time of publication. Readers should note that, over time, currency and completeness of the information may change. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2011 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.

