



Understanding heavy menstrual bleeding

You are not alone, **1 in 3** women suffer with HMB¹

**What is HMB?
What can I do?**

¹ Bitzer J et al. Open Access Journal of Contraception 2013; 4: 21-28.

What is HMB?

It is not just a “heavy period” as some may think, it is a medical condition that interferes with a woman’s physical, emotional and social quality of life affecting how you live your day-to-day life¹.

Spotting the signs – do I have HMB?

Think about the impact that your periods have on your life. If you tick ‘yes’ to any of those questions, you could be suffering from HMB:

- Do you have to change your tampons or pad every two hours or more?
- Do you need to use high absorbency tampons and pads together at the same time?
- Do your periods last longer than a week?
- Do you have clots or experience ‘flooding’ (a sudden onset of heavy bleeding) through to your clothes or bedding?
- Do you experience bleeding after sex or suffer from pelvic pain and bleeding between periods?



These questions are based on a broader range of questions to determine the extent of bleeding and its physical impact as well as identify what changes a woman makes to her daily activities to accommodate HMB. Philipp CS, et al. Development of a screening tool for identifying women with menorrhagia for hemostatic evaluation. Am J Obstet Gynecol 2008;198:163.e1-163.e8. Bushnell DM, et al., Menorrhagia Impact Questionnaire: assessing the influence of heavy menstrual bleeding on quality of life. Curr Med Res Opin 2010;26(12):2745–55. Matteson KA, Clark MA. Questioning our questions: do frequently asked questions adequately cover the aspects of women’s lives most affected by abnormal uterine bleeding? Opinions of women with abnormal uterine bleeding participating in focus group discussions. Women Health 2010;50(2):195–211.

1. National Collaborating Centre for Women’s and Children’s Health. Heavy Menstrual Bleeding Clinical Guideline 44. London: RCOG Press for NICE; 2007.

What causes HMB?

HMB can affect women of any age¹.

Up to **60%** of women have no underlying causes².

1. NHS Choices: <http://www.nhs.uk/Conditions/Periods-heavy/Pages/Introduction.aspx> Accessed August 2013.
2. Hickey M et al. The Cochrane Library 2007, Issue 4.
Available at: <http://www.thecochranelibrary.com>.

What can I do?

Talk to your doctor.

In many cases, your doctor will simply recommend a treatment plan that can be started immediately.

This treatment will:

Reduce or stop the excessive bleeding

Improve quality of life

Prevent or correct iron deficiency anaemia*



*low red blood cell count which can result in fatigue.

What treatment should I consider

Treatment for HMB is based on the following contraceptives:

An intrauterine system or 'IUS'

(also known as a 'hormonal coil') a small T-shaped plastic device inserted into the uterus by a healthcare professional



Oral hormonal pills, such as combined oral contraceptive pills or some pills that contain a type of progestogen



Supportive therapies include:

Other oral treatments,

such as tranexamic acid which is taken after the bleeding has started



Period pain relief medication,

such as paracetamol or ibuprofen¹



It's important not to suffer in silence because there are effective treatments available to alleviate the burden of HMB.

Ask yourself three simple questions about*:



1
My bleeding –
Do I have to
change my
sanitary wear
in the night or
bleed through
it in under
two hours?



2
My health –
Do I feel
breathless,
faint or pass
large blood
clots?



3
My daily life –
Am I worried
about having
accidents or
have to
rearrange my
social life during
my period?

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PP-MIR-IE-0037-1

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