Management of dysfunctional uterine bleeding in women under 40 in whom pregnancy has been excluded and who have no IUCD

EVIDENCE OF EFFECTIVENESS

Menstrual problems currently present a major burden in health care in physical, financial, temporal and personal terms. For women at home or in the workforce prolonged or heavy bleeding can be a major problem. The management options currently available for dysfunctional uterine bleeding (DUB) are:

• reassurance • diagnosis • drug treatments • surgical treatments

Reassurance

Not all women will want active drug therapy after explanation, reassurance and advice about the range of normality of the menstrual period.

Drug treatments

A recent review of the evidence of effectiveness of drug treatments suggests that for many women DUB can be successfully treated in primary care[1]. Tranexamic acid,mefenamic acid, danazol, naproxen and the levonorgestrel releasing IUCD are all considered efficacious in reducing blood loss. Norethisterone and ethamsylate are not recommended [2,3]. Tranexamic acid (Cyclokapron) has been shown to be the most effective treatment, but with slightly more side effects than Mefenamic acid (Ponstan). The benefit of Mefenamic acid is that it will also reduce menstrual pain. Cyclical norethisterone (Primolut N) should not be prescribed for menorrhagia. The recommendation is either Mefenamic acid or Tranexamic acid as the first choice drug in menorrhagia.

Surgical diagnosis and treatment

Three main types of surgical procedures are used to treat DUB: dilation and curettage (D&C), removal of the uterus and cervix (hysterectomy) and removal of the lining of the womb (endometrial ablation). Recent evidence suggests that D&C does not offer a credible option for women with DUB diagnostically and has no therapeutic value[4,5]. The aim in West Pennine is therefore to reduce the rates of D&C in the district by the replacement of D&C with newer minimally invasive diagnostic techniques (e.g. hysteroscopy) and through first line medical management in primary care.

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