

Clinical trial confirms GP-prescribed treatments are effective for women with heavy periods

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The largest and longest running clinical trial of medical therapies for heavy periods has found that women can be greatly helped by having treatments just from their GP, with most avoiding hospital operations.

Heavy menstrual bleeding is a common and debilitating condition which can significantly affect the quality of life of 25 per cent of women aged 18-54. Around one million women seek help for this problem every year in the UK and it accounts for 12 per cent of all gynaecology referrals.

The multicentre NIHR-funded randomised controlled trial was carried out by researchers at the Universities of Nottingham and Birmingham and Aston University. They followed the cases of 571 women from 63 general practices across the Midlands over a five-year period. The results are published in the *British Journal of General Practice*.

The women who volunteered were randomly allocated to receive either a levonorgestrel Intra Uterine System such as the Mirena coil or commonly used oral medications—such as tranexamic/mefenamic acid or the contraceptive pill.

The patients were asked to report their menstrual experiences using the Menorrhagia Multi-Attribute Scale. This measures the effect of heavy periods on practical problems, social life, psychological and physical health as well as on work and family life. Other consequences recorded

were [surgical intervention](#), general quality of life, sexual activity and safety.

After five years, both groups had similar and very significant improvement in the heaviness of their periods and its impact on their lives. Rates of surgical intervention were also low (80 per cent and 77 per cent did not have any surgery such as endometrial ablation or hysterectomy) with no significant difference between the coil group and those who took oral medications.

Leading the trial, GP and Professor of Primary Care, Joe Kai, said: "This is very encouraging news. Women were badly affected by heavy menstrual bleeding when they entered this trial, with most having problems for over a year beforehand. We know some women may be reluctant to seek help or be unaware that treatment is useful. Others may be put off by the idea of some treatments, such as having a coil, or of needing surgery. This trial shows women can be helped very considerably by treatments from their GP alone, with most avoiding hospital procedures up to five years later. It also shows women starting with either a Mirena coil or other oral medications will have similar benefit over time. This is helpful for women and their GPs to know when first considering what treatments to use, taking account of individual preferences and circumstances. If women troubled by heavy menstrual bleeding do choose to see their GP, we can be confident we can help."

The researchers are following up the same [women](#) for a further five years—as by then around half will have reached the menopause—to assess if they are still using treatments or have needed surgical treatment for this problem.

More information: J. Kai et al, Usual medical treatments or levonorgestrel-IUS for women with heavy menstrual bleeding: long-term

randomised pragmatic trial in primary care, *British Journal of General Practice* (2016). [DOI: 10.3399/bjgp16X687577](https://doi.org/10.3399/bjgp16X687577)

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