



A summary of prescribing recommendations from NICE guidance

Heavy menstrual bleeding

NICE NG88; 2018 (Update)

This guideline covers assessing and managing heavy menstrual bleeding (menorrhagia).

Definition of terms

HMB	heavy menstrual bleeding
LNG-IUS	levonorgestrel-releasing intrauterine system
CHC	combined hormonal contraceptive
NSAID	non-steroidal anti-inflammatory drug
Gn-RH	gonadotrophin-releasing hormone

Assessment and diagnosis

- ◆ Recognise that HMB has a major impact on a woman's quality of life, and ensure that any intervention aims to improve this rather than focusing on blood loss.
- ◆ Take a history from the woman that covers:
 - the nature of the bleeding,
 - related symptoms, such as persistent intermenstrual bleeding, pelvic pain and/or pressure symptoms, that might suggest uterine cavity abnormality, histological abnormality, adenomyosis or fibroids,
 - impact on her quality of life,
 - other factors that may affect treatment options (such as comorbidities or previous treatment for HMB).
- ◆ Take into account the range and natural variability in menstrual cycles and blood loss when diagnosing HMB, and discuss this. If the woman feels that she does not fall within the normal ranges, discuss care options.
- ◆ If the woman has a history of HMB:
 - with other related symptoms (as listed above) offer a physical examination,
 - without other related symptoms, consider pharmacological treatment without carrying out a physical examination (unless the treatment chosen is LNG-IUS*).
- ◆ Carry out a physical examination before all investigations (structural and/or histological) or LNG-IUS fittings (see [NICE Pathway: Long-acting reversible contraception](#)).
- ◆ If cancer is suspected, see [NICE Pathway: Suspected cancer: recognition and referral](#).

Laboratory tests

- ◆ Carry out a full blood count test for all women with HMB, in parallel with any treatment offered.
- ◆ Testing for coagulation disorders (e.g. von Willebrand's disease) should be considered for women who:
 - have had HMB since their periods started, **AND**
 - have a personal or family history suggesting a coagulation disorder.
- ◆ **Do NOT** routinely carry out a serum ferritin test.
- ◆ **Do NOT** carry out female hormone testing.
- ◆ **Do NOT** carry out thyroid hormone testing unless other signs and symptoms of thyroid disease are present.

Recommendations – wording used such as 'offer' and 'consider' denote the [strength of the recommendation](#).

Drug recommendations – the guideline assumes that prescribers will use a drug's [Summary of Product Characteristics \(SPC\)](#) to inform treatment decisions.

Structural and histological investigations – see [NICE Pathway](#)

- ◆ Before starting investigations consider starting pharmacological treatment without investigating the cause if the woman's history and/or examination suggests a low risk of fibroids, uterine cavity abnormality, histological abnormality or adenomyosis.
- ◆ Take into account the woman's history and examination when deciding whether to offer hysteroscopy or ultrasound as the first-line investigation.

Information and advice

- ◆ Provide information about HMB and discuss all possible treatment options. Discussions should cover:
 - benefits and risks of various options,
 - suitable treatments if the woman is trying to conceive,
 - whether the woman wants to retain fertility and/or her uterus.

LNG-IUS

- ◆ Explain to women who are offered an LNG-IUS:
 - about anticipated changes in bleeding pattern, particularly in the first few cycles and maybe lasting longer than 6 months,
 - that it is advisable to wait for at least 6 cycles to see the benefits of the treatment.
- ◆ For more information see [NICE Pathway: Long-acting reversible contraception](#).

Fertility

- ◆ Explain to women:
 - about the impact on fertility that any planned surgery or uterine artery embolisation may have, and give opportunity for discussion if a potential treatment (hysterectomy or ablation) involves loss of fertility,
 - that uterine artery embolisation or myomectomy may potentially allow them to retain their fertility.

Endometrial ablation

- ◆ Advise women to avoid subsequent pregnancy and use effective contraception, if needed, after endometrial ablation.

Hysterectomy

- ◆ Have a full discussion with all women who are considering hysterectomy about the implications of surgery before a decision is made. The discussion should include: sexual feelings, impact on fertility, bladder function, need for further treatment, treatment complications, her expectations, alternative surgery, psychological impact.
- ◆ Inform women about the:
 - increased risk of serious complications (such as intraoperative haemorrhage or damage to other abdominal organs) associated with hysterectomy when uterine fibroids are present,
 - risk of possible loss of ovarian function and its consequences, even if their ovaries are retained during hysterectomy.

Please go to www.nice.org.uk to check for any recent updates to this guideline.

Heavy menstrual bleedingcontinued

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Treatment and management

- ◆ When agreeing treatment options, take into account:
 - the woman's preferences,
 - any comorbidities,
 - the presence or absence of fibroids (including size, number and location), polyps, endometrial pathology or adenomyosis,
 - other symptoms such as pressure and pain.
- ◆ **Do NOT** offer dilatation and curettage as a treatment option for HMB.

Women with no identified pathology, fibroids <3cm, or suspected or diagnosed adenomyosis

- ◆ **First-line:** consider an LNG-IUS* for HMB in women with:
 - no identified pathology, **OR**
 - fibroids <3cm in diameter, which are not causing distortion of the uterine cavity, **OR**
 - suspected or diagnosed adenomyosis.
- ◆ If a woman declines an LNG-IUS or it is not suitable, consider the following treatments:
 - **pharmacological non-hormonal:** tranexamic acid§ **OR** NSAIDU,
 - **pharmacological hormonal:** CHC* **OR** cyclical oral progestogen.
- ◆ Be aware that progestogen-only contraception may suppress menstruation, which could be beneficial to women with HMB.
- ◆ If treatment is unsuccessful, the woman declines pharmacological treatment, or symptoms are severe, consider referral to specialist care for:
 - investigations to diagnose the cause of HMB if needed, (taking into account any previous investigations), **AND**
 - alternative treatment choices, including: pharmacological options not already tried (see above) and surgical options (second-generation endometrial ablation, or hysterectomy).

Women with fibroids ≥3cm diameter**

- ◆ Consider referring women to specialist care to undertake additional investigations and discuss treatment options for fibroids of ≥3cm in diameter.
- ◆ If pharmacological treatment is needed while investigations and definitive treatment are being organised, offer tranexamic acid§ and/or NSAIDU.
- ◆ Advise women to continue using NSAIDU and/or tranexamic acid§ for as long as they are found to be beneficial.
- ◆ For women with fibroids of ≥3cm in diameter, take into account the size, location and number of fibroids, and the severity of the symptoms and consider the following treatments:
 - **pharmacological non-hormonal:** tranexamic acid§, **OR** NSAIDU,
 - **pharmacological hormonal:** LNG-IUS*, **OR** CHC*, **OR** cyclical oral progestogens,
 - uterine artery embolisation,
 - surgical: myomectomy, **OR** hysterectomy.
- ◆ Be aware that effectiveness of pharmacological treatments may be limited in women with fibroids that are substantially greater than 3 cm in diameter.
- ◆ Prior to scheduling of uterine artery embolisation or myomectomy, the woman's uterus and fibroid(s) should be assessed by ultrasound. If further information about fibroid position, size, number and vascularity is needed, MRI should be considered.
- ◆ Consider second-generation endometrial ablation as a treatment option for women with HMB and fibroids of ≥3 cm diameter who meet the criteria specified in the manufacturers' instructions.

- ◆ If treatment is unsuccessful:
 - consider further investigations to reassess the cause of HMB (see structural and histological investigations), taking into account the results of previous investigations, **AND**
 - offer alternative treatment with a choice of the options described above.
- ◆ Pretreatment with a Gn-RH analogue* before hysterectomy and myomectomy should be considered if uterine fibroids are causing an enlarged or distorted uterus.

U unlicensed indication. Obtain and document informed consent.

*At time of publication not all available products have a UK marketing authorisation for this indication. Check individual SPCs for details.

**NICE removed references to Ulipristal acetate (Esmya®) from within this guideline before publication due to the European Medicines Agency review into the use of Esmya® for uterine fibroids. This review has now concluded. See www.ema.europa.eu

§ **Editorial note:** tranexamic acid 500mg tablets (Cyklo-f®) can be purchased over the counter (OTC) for the treatment of HMB if certain criteria are fulfilled. The Royal Pharmaceutical Society has produced guidance at <http://www.rpharms.com/support-tools/tranexamic-acid-p-medicine.asp> (members access only).

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