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Review Article

Menorrhagia-Understanding and Managing Menstrual Bleeding

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ABSTRACT

Menorrhagia is a medical condition characterized by abnormally heavy or prolonged menstrual bleeding. It can lead to significant discomfort, inconvenience, and even anemia in some cases. Managing menorrhagia typically involves identifying and addressing underlying causes such as hormonal imbalances, uterine fibroids, or bleeding disorders. Treatment options may range from medication and hormonal therapies to surgical interventions like endometrial ablation or hysterectomy. Effective management of menorrhagia is crucial for improving quality of life and preventing complications associated with excessive menstrual bleeding. The topic offers comprehensive investigation into the etiology, symptoms, and treatment modalities concerning excessive menstrual bleeding. This project endeavors to elucidate the physiological intricacies contributing to menorrhagia while presenting a thorough examination of conventional and contemporary therapeutic approaches. By synthesizing current medical literature and clinical expertise, it aims to equip both individuals and healthcare practitioners with the necessary insights to effectively navigate and address this prevalent aspect of women's health. Objective: The objective of a topic on menorrhagia is to educate people, particularly women, about the condition, its symptoms, causes, and management options. By increasing awareness and understanding, the aim is to empower individuals to recognize abnormal bleeding patterns, seek appropriate medical care, and improve overall menstrual health and well-being. Purpose: The purpose of this study is to enhance understanding and facilitate effective management of menorrhagia, a condition characterized by excessive menstrual bleeding. By exploring its causes, symptoms, and treatment options, this research aims to empower individuals and healthcare professionals with the knowledge necessary to improve outcomes and quality of life for those affected by menorrhagia. Results: The results of the menorrhagia disease survey highlight the prevalence and impact of abnormal menstrual bleeding among women. Key findings include a significant number of participants reporting symptoms such as heavy bleeding, prolonged periods, and associated complications like fatigue and anemia. The survey underscores the importance of raising awareness about menorrhagia, promoting early detection, and providing access to effective.

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Conclusion: Understanding menorrhagia and its management options can empower individuals to address abnormal bleeding patterns effectively. Seeking timely medical care and adopting appropriate treatments can significantly improve menstrual health and overall well-being.

INTRODUCTION

Menorrhagia limits normal activities, and causes anaemia in two thirds of women with objective menorrhagia (loss of 80 mL blood per cycle). Prostaglandin disorders may be associated with idiopathic menorrhagia, and with heavy bleeding due to fibroids, adenomyosis, or use of intrauterine devices (IUDs). Fibroids have been found in 10% of women with menorrhagia overall, and in 40% of women with severe menorrhagia; but half of women having a hysterectomy for menorrhagia are found to have a normal uterus. Menorrhagia is heavy but regular menstrual bleeding. A normal menstrual cycle is 21–35 days in duration with bleeding lasting an average of 7 days. There are few definite causes and fewer definitive tests that reveal a conclusive, treatable cause. While menorrhagia can signal, an endocrinologic disorder, or a gynecologic disease, most causes are idiopathic. Once known physiologic and anatomical causes are eliminated, the problem is generally diagnosed as dysfunctional uterine bleeding (DUB), and treatment is initiated.

What is Menorrhagia?

Menorrhagia is defined as heavy but regular menstrual bleeding. Idiopathic ovulatory menorrhagia is regular heavy bleeding in the absence of recognizable pelvic pathology or a general bleeding disorder. Objective menorrhagia is taken to be a total menstrual blood loss of 80 mL or more in each menstruation. Subjectively, menorrhagia may be defined as a complaint of regular excessive menstrual blood loss occurring over several consecutive cycles in a woman of reproductive age.

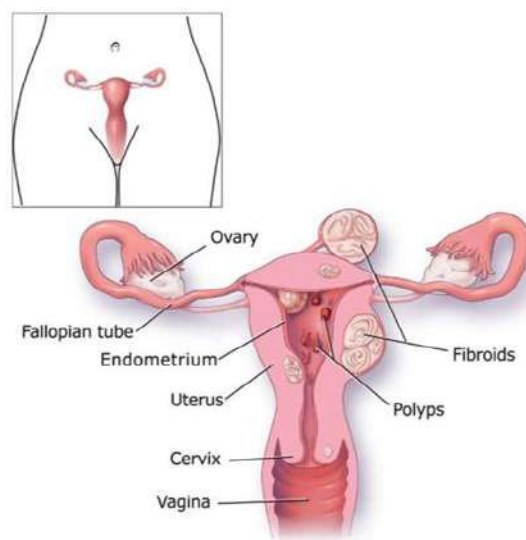


Fig 1-A condition of Menorrhagia

Causes of Menorrhagia – Uterine-related problems

Growths or tumors of the uterus that are not cancer; these can be called uterine fibroids or polyps. Cancer of the uterus or cervix. Certain types of birth control—for example, an intrauterine device (IUD). Problems related to pregnancy, such as a miscarriage or ectopic pregnancy, can cause abnormal bleeding. A miscarriage is when an unborn baby (also called a fetus) dies in the uterus. An ectopic pregnancy is when a baby starts to grow outside the womb (uterus), which is not safe.

Hormone-related problems.

Bleeding-related disorders, such as von Willebrand disease (VWD) or platelet function disorder.

Nonbleeding-related disorders

Nonbleeding-related disorders such as liver, kidney, or thyroid disease; pelvic inflammatory disease; and cancer. In addition, certain drugs, such as aspirin, can cause increased bleeding. Doctors have not been able to find the cause in half of all women who have this problem. If you have bleeding such as this, and your gynecologist has not found any problems during your routine visit, you should be tested for a bleeding disorder

Signs of Menorrhagia –

- Have a menstrual flow that soaks through one or more pads or tampons every hour for several hours in a row.
- Need to double up on pads to control the menstrual flow.
- Need to change pads or tampons during the night.
- Have menstrual periods lasting more than 7 days.
- Have a menstrual flow with blood clots the size of a quarter or larger.
- Have a heavy menstrual flow that keeps one from doing the things would do normally.
- Have constant pain in the lower part of the stomach during the periods
- Are tired, lack energy, or are short of breath.

Methodology

The survey utilized a combination of quantitative and qualitative methods, including online questionnaires and interviews. Participants were recruited from diverse demographic backgrounds to ensure comprehensive insights into the experiences of individuals with menorrhagia.

Interview questions to physician

Q1. What is Menorrhagia.

Q2. How frequent patients visit you with this problem? Q3. Which age group is mostly having such symptoms?

Q4. Which things lead to the condition? OR What are the causes for menorrhagia. Q5. What are the investigations do in menorrhagia?

Q6. What treatment is recommended to the patients? Q7. Is PCOD/PCOS similar to menorrhagia?

Q8. What preventive measures can be taken

Q9. Is this disease a lifestyle based or hereditary

Q10. What changes can be taken for such prevention of disease?

Interview Answers of physicians

Q1. What is menorrhagia.

Ans - Menorrhagia is a condition in which a cyclic bleeding at normal levels in which the bleeding is excessive or in amount that is greater than 80 ml or duration is extended The disease is based on completely on the uterus in which the only two hormones responsible that is progesterone and estrogen which are responsible for the lining of the endometrium

Q2. How frequent patients visit you with this problem?

Ans - Frequently as of lack of exercises Prevalence in India is 1/4 of the women which ranges from 6% to 40%

Q3. Which age group is mostly having such symptoms?

Ans – On the current reports 80% of the female candidates with has the age below the 20 years symptoms mostly and female more than the age of 30 are facing his conditions that is 20%

Q4. Which things lead to the condition? OR What are the causes for menorrhagia. Ans - According to FIGO international federation of gynecology and obstetrics

PALM stands for:

Polyps Adenomyosis Leiomyoma (fibroids) Malignancy These are potential causes of abnormal uterine bleeding or other uterine abnormalities.

COEI stands for:

- Coexisting
- Ovarian
- Endometrial
- Intraepithelial

COEIN - N - that includes entities not yet classified

1. Oral contraceptive pills that is ICUD drugs (anti coagulants drug) -Aspirin, warfarin, tamoxifen and anti depression
2. PCOS/ PCOD
3. Thyroid dysfunction
4. Stress n strain
5. Diet habit

Q5. What are the investigations do in menorrhagia? Ans - Complete haemogram (CBC) Bleeding time, clotting time Ultrasonography for married n unmarried Diagnostic endometrial curretage Diagnostic hysteroscopy laproscopy

Q6. What treatment is recommended to the patients?

Ans – 1. General measures to improve the health status of the patient i.e proper diet, and adequate rest during menses, oral administration of haematinics, vitamin B&C, protein supplements

1. ovulatory cycles - NSAIDs (non steriodal anti inflammatory drugs)
2. unovalutory bleeding - oral cyclic pills synthetic progesterons

Mirena ICUD

- removal of copper t
- surgical
- Myomectomy
- Hysterotomy
- Laproscopic lysis
- Hysteroscopic endometrial ablation
- Ballon therapy
- Laser therapy
- Ayurvedic concept
- Yoga and Pranayam.

Q7. Is PCOD/PCOS similar to menorrhagia? Ans - PCOS/PCOD is not like menorrhagia

As PCOS/PCOD deals with the disease of ovary whereas menorrhagia deals with uterus and endometrial lining

Q8. What preventive measures can be taken

Ans - Preventive measures for menorrhagia, or heavy menstrual bleeding, can vary depending on the underlying cause. Here are some general preventive measures that may help:

1. Maintain a healthy lifestyle: Eating a balanced diet, staying physically active, and managing stress can help regulate hormonal balance and promote overall health, which may reduce the risk of menstrual disorders.

2. Birth control: Hormonal contraceptives such as oral contraceptive pills, hormonal IUDs, or the contraceptive implant can help regulate menstrual bleeding in some cases.

3. Iron supplementation: Heavy menstrual bleeding can lead to iron deficiency anemia. Taking iron supplements as recommended by a healthcare provider can help prevent or treat anemia.

4. Manage underlying health conditions: Treating underlying conditions such as thyroid disorders, polycystic ovary syndrome (PCOS), or blood clotting disorders can help manage menorrhagia.

5. Avoid certain medications: Some medications like nonsteroidal anti-inflammatory drugs (NSAIDs) can increase bleeding. Consult with a healthcare provider before taking any new medications.

6. Consider endometrial ablation: For women who have completed childbearing and do not wish to have more children, endometrial ablation is a minimally invasive procedure that destroys the uterine lining, reducing or stopping menstrual bleeding in many cases.

7. Regular check-ups: Regular visits to a healthcare provider can help monitor menstrual health and address any concerns or changes in menstrual bleeding patterns. It's important to consult with a healthcare provider to determine the underlying cause of menorrhagia and develop an appropriate treatment plan tailored to individual needs.

Q9. Is this disease a lifestyle based or hereditary
Ans - Both lifestyle as well as hereditary

Q10. What changes can be taken for such prevention of disease? Ans –

1. Maintain a healthy lifestyle
2. Birth control
3. Iron supplementation
4. Manage underlying health conditions
5. Avoid certain medications



6. Consider endometrial ablation
7. Regular check-ups



Fig 2- Interviewing Dr. Archana S Chikte B.A.M.S M.S. (Stree rog & Prasuti tantra) Private practitioner



Fig 3- Interviewing Dr. Sandhya M Yennewar B.A.M.S D.G. O PhD (scholar) Associate professor (CSMSS ayurvedic College)

Interview questions to Female candidates

- Q1. Have you heard about Menorrhagia before?
- Q2. How many times have you faced this condition?
- Q3. What is the average duration of your menstrual bleeding?
- Q4. Do you track your bleeding Regularly?
- Q5. What medications or treatment do you take?
- Q6. How does this condition affect your daily life?
- Q7. What are the reasons you think for such condition?
- Q8. How many medications does your doctor prescribes at once?
- Q9. How has this condition affected your health?
- Q10. Do you take medications on regular basis?
- Q11. Do you know any of your friend ongoing this condition?
- Q12. Are you having any ongoing medications or syrup?

Table 1-Outcomes Of The Survey Based Study

AGE GROUPS	No. of candidates of each group	Knew about menorrhagia?	Visited physician with the disease?	Treatment (Allopathy/Ayurvedic/Others)
18-20Years	6	No	Yes	Others
		No	Yes	Allopathy
		No	No	Allopathy
		Yes	Yes	Ayurvedic
		No	Yes	Others
		No	No	Allopathy
20-22Years	6	Yes	Yes	Allopathy
		Yes	Yes	Allopathy
		No	Yes	Allopathy
		No	Yes	Allopathy
		No	Yes	Ayurvedic
		Yes	No	Allopathy
		Yes	Yes	Ayurvedic

22-24Years	6	Yes	Yes	Others
		No	Yes	Allopathy
		Yes	No	Allopathy
		Yes	Yes	Allopathy
		No	Yes	Ayurvedic

CONCLUSION

The survey findings highlight the pervasive and multifaceted impact of menorrhagia on individuals' lives, underscoring the pressing need for comprehensive support and management strategies. It is evident that menorrhagia not only affects physical health but also imposes significant emotional and social burdens on those experiencing it. One of the key takeaways from the survey is the prevalence of menorrhagia across various age groups, indicating that it is not solely a concern for older or younger women but affects individuals across the reproductive age spectrum. This underscores the importance of addressing menorrhagia as a significant public health issue that requires attention and resources. The impact of menorrhagia on daily activities, work, and social life cannot be overstated. A substantial percentage of respondents reported missing work or school due to heavy menstrual bleeding, highlighting the economic implications of the condition. Moreover, emotional distress and anxiety related to menorrhagia were common among participants, indicating the need for psychosocial support alongside medical interventions.

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