

A decision aid to support discussions about the different treatment options commonly available during pandemics



Heavy menstrual bleeding affects up to **1 in 3 women**

The Cochrane Gynaecology and Fertility Group has summarised the research evidence for treatments which are commonly available during pandemics.

1 Antifibrinolytics

2 NSAIDs

3 Combined hormonal contraceptives

All treatments reduce heavy menstrual bleeding

- ▶ Tranexamic acid
- ▶ Dose: 1g
- ▶ Frequency: Three times a day for five days

- ▶ Mefenamic acid
- ▶ Total dose: 500mg
- ▶ Frequency: Three times a day

- ▶ Combined oral contraceptive pill
- ▶ Total dose: Variable
- ▶ Frequency: Once a day

Treatments can be unsuitable for certain women

Not advised in women with a history of:

- ▶ Seizures
- ▶ Blood clots in the legs or lungs

Not advised in women with a history of:

- ▶ Heartburn
- ▶ Stomach ulcers
- ▶ Inflammatory bowel disease

Not advised in older women or women with a history of:

- ▶ Smoking
- ▶ Obesity
- ▶ High blood pressure
- ▶ Blood clots in the legs and lungs

Treatments can cause common side effects affecting 1 in 10 women

- ▶ Nausea and vomiting
- ▶ Diarrhoea

- ▶ Headaches
- ▶ Dizziness
- ▶ Indigestion

- ▶ Mood changes
- ▶ Headache
- ▶ Nausea
- ▶ Breast tenderness
- ▶ Break-through bleeding
- ▶ Weight gain

Only combined hormonal contraceptives can provide reliable contraception

- ▶ Cannot be used for contraception

- ▶ Cannot be used for contraception

- ▶ Does provide reliable contraception

All women with heavy menstrual bleeding should increase their dietary intake of iron and consider iron supplements