



Canadian
Pharmacists
Association

Association des
pharmaciens
du Canada

How to manage common period concerns

People often suffer in silence when experiencing period-related concerns. Pharmacists can help encourage open dialogue about periods by providing guidance, education and support to patients who have questions.

What pharmacists should know about heavy menstrual bleeding.

Heavy menstrual bleeding (HMB), previously known as menorrhagia, is a type of excessive menstrual bleeding that interferes with a patient's quality of life. Often, a patient experiences extended (>7 days) and/or excessive (> 80 mL) menstrual blood flow.

My period is always very heavy. I usually soak through my tampon every four hours. Should I be concerned?



If patients are regularly soaking through a pad or tampon in less than 1 hour for 2 hours in a row, advise them to call their physician or go to the ER.

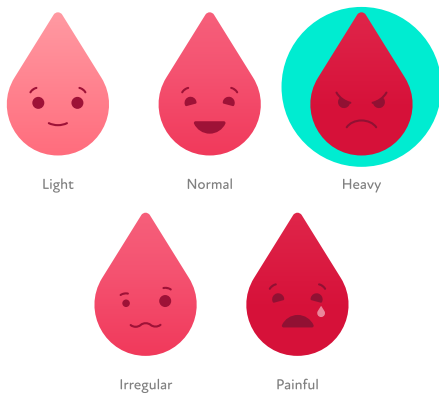
Pharmacists should support and educate patients, help them manage symptoms, and provide referrals when they are planning to become pregnant.



Diagnosis and treatment for heavy or prolonged periods should depend on how they are affecting a patient's quality of life (e.g., missed school- or workdays, financial burdens, and discomfort).



What causes heavy menstrual bleeding?



The PALM-COEIN classification is universally accepted to classify causes of excessive uterine bleeding:

Polyp – an abnormal but benign growth of tissue

Adenomyosis – the type of cells lining the uterus are found in the muscle layer of the uterus

Leiomyoma – AKA fibroids; a benign growth in the muscle of the uterus

Malignancy – a cancerous growth

Coagulopathy – a problem with blood clotting, e.g., Von Willebrand disease

Ovulatory dysfunction – related to the release of an egg from the ovary, e.g., polycystic ovarian syndrome

Endometrial – related to the endometrium (inner lining of the uterus), e.g., endometriosis

Iatrogenic – caused by medical procedure or treatment e.g., warfarin, apixaban, intrauterine devices or systems

Not yet classified

There are also other considerations, such as thyroid dysfunction.

Uterine fibroids

- Uterine fibroids are non-cancerous tumours of the uterine cavity.
- They are common, with up to 80% of individuals having them at some point in their lifetime, with chances of developing them increasing with age.
- Patients may experience heavy or prolonged periods, pelvic pain and pressure, constipation, and/ or frequent urination; they can also be asymptomatic.
- Fibroids may also affect fertility and pregnancy – it may be more difficult to become pregnant and the likelihood of miscarriage is increased (due to increased age).
- Risk factors include early menarche (<10 years old), obesity, alcohol consumption and other endocrine factors.
- Treatment may not be necessary if the fibroids are not affecting the patient's quality of life.

What are treatments for heavy menstrual bleeding?

Pharmacologic therapy for the management of heavy or prolonged periods includes hormonal and non-hormonal methods.

- Hormonal methods can be used for symptom management, as well as underlying causes of HMB (e.g., fibroids, endometriosis).
 - Hormonal birth control methods
 - Continuous or extended-cycle hormonal contraceptives and levonorgestrel intrauterine systems (LNG-IUS) are safe and effective options to consider.
 - Gonadotropin-releasing hormone agonists
- Non-hormonal options can help patients who are experiencing pelvic pain as well as reduce menstrual blood loss.
 - Nonsteroidal anti-inflammatory drugs (NSAIDs)
 - Antifibrinolytics (such as tranexamic acid)

Patients with HMB are at risk for iron-deficiency anemia, so ask patients if they are feeling weak, tired, experiencing shortness of breath and/or headaches. A confirmatory blood test (e.g., complete blood count, ferritin) and, if necessary, iron supplementation are recommended in this case.

What pharmacists should know about missed periods.

- Amenorrhea, otherwise known as the absence of a period, is most often seen in adolescents because it takes time for ovulatory cycles to regulate.
- It is also common in patients nearing menopause, which often occurs between the ages of 40 and 58.

Refer patients to their primary health-care provider if they:

Are age 15+ and have not had their first period (primary amenorrhea)



or



Have missed their period for ≥ 3 cycles in a one-year period (secondary amenorrhea)

I missed my period this month, but I haven't been sexually active. Should I be concerned?



What causes missed periods?

- Pregnancy - Recommend a pregnancy test for sexually active patients
- Stress
- Extreme weight loss or weight gain
- Eating disorders
- Strenuous exercise
- Chronic conditions (e.g., polycystic ovary syndrome (PCOS), thyroid conditions, Turner Syndrome)
- Certain medications (e.g., hormonal birth control, some blood pressure and depression medications, chemotherapy) and radiation
- A congenital abnormality

When patients ask about **missed periods**, it is important to assess their menstrual, social (e.g., stress, exercise, substance use), sexual, medical, and family history.

What are treatments for missed periods?

Non-pharmacologic therapy:

- Eating healthy
- Maintaining a healthy weight
- Adapting exercise regimens
- Stress reduction



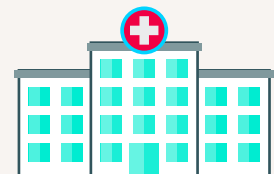
Pharmacologic therapy:

- Hormone therapy may be used to treat underlying conditions



Surgical intervention:

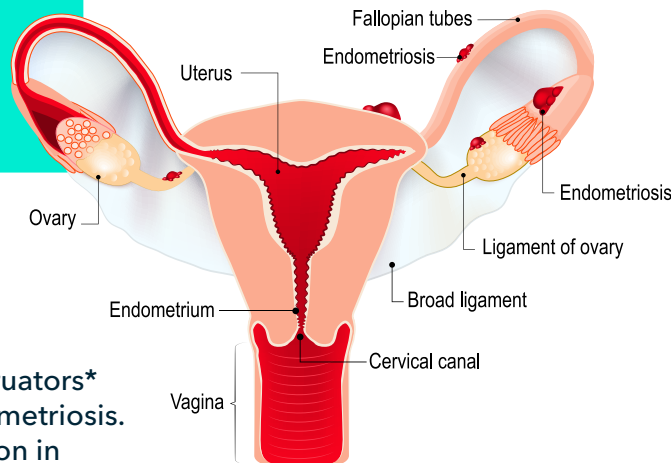
- Surgery may be required if the amenorrhea is caused by a congenital abnormality



What pharmacists should know about **endometriosis**.

Endometriosis is when the endometrium (the tissue that lines the inside of the uterus) grows outside of the uterus (e.g., cervix, rectal wall).

Pelvic pain is the most common symptom of endometriosis.



Up to 15% of menstruators* are affected by endometriosis. It is also more common in patients with low BMI, tall height, short menstrual cycle length and early age of menarche. Pharmacists play an important role in supporting patients, relieving pain, educating them on the various medications and therapies available as well as preventing recurrence.

My doctor recently diagnosed me with endometriosis. I have been using ibuprofen like he suggested, but I am still experiencing severe pelvic pain, especially when I am on my period. Help!



30-50%

of patients living with endometriosis have difficulties becoming pregnant and may require additional support. Reassure patients that endometriosis does not mean infertility.

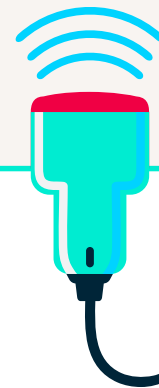
*Menstruators refers to all people who menstruate, including non-binary people, transgender boys and men, intersexual people, girls, and women.

What are symptoms of **endometriosis**?

- (Severe) pelvic pain
- Fatigue
- Heavy or prolonged periods

May also include:

- Diarrhea or constipation
- Painful urination
- Bloating
- Infertility
- Pain during or after sex
 - Consider asking patients about this and offer education and support.
 - Water-based, nonmedicated vaginal lubricants are safe for internal/external use. Oil-based products cannot be used with latex condoms. A pelvic physiotherapist can also help patients recognize triggers for pain, create an individualized plan, and improve pelvic health.



Symptoms alone are not conclusive. Endometriosis and uterine fibroids can present similarly and can occur simultaneously, so an ultrasound or biopsy is needed for a definitive diagnosis.

What are people with **endometriosis** at risk of?

- Miscarriage
- Ectopic pregnancy
- Placenta previa
- Unexplained antepartum hemorrhage
- Postpartum hemorrhage
- Preterm birth
- Anxiety & depression

What are treatments for **endometriosis**?

Treatments can alleviate pain and improve quality of life, but the challenge is that the tissue progressively spreads.

- NSAIDs, such as ibuprofen and naproxen, can alleviate pain
- Hormone therapy, such as hormonal contraceptives, help manage pain and other symptoms
- Surgery to remove extra endometrial tissue may also be an option

[Endometriosisnetwork.com](https://endometriosisnetwork.com) is an informative, Canadian, non-profit resource for patients to learn about their condition, treatment options, and coping strategies.

What pharmacists should know about **dysmenorrhea**.

Dysmenorrhea is the term for pain during menstruation.

Remind patients that they are not alone! More than **50%** of Canadian patients who have their period experience dysmenorrhea.

I was in bed with severe pain for the first three days of my period and missed work. Is there anything I can do to prevent this?



What are symptoms of **dysmenorrhea**?

- Pain/cramping in the lower stomach
- Nausea
- Headache
- Vomiting
- Diarrhea
- Back and thigh pain
- Dizziness
- Fatigue



Symptoms usually only last for the first 2-3 days of each period. Refer patients who experience symptoms beyond the first 2-3 days to their primary health-care provider.

What are risk factors for dysmenorrhea?



Family history of dysmenorrhea



Stress/depression



Smoking



Younger age



Nulliparity



History of sexual abuse

What are treatments for dysmenorrhea?



There are a variety of treatments available for period pain and it is important to tailor treatment to the individual.

Non-pharmacologic management (usually adjunct):

- Applying heat to the area (e.g., heating pad)
- Regular aerobic exercise
- Yoga
- TENS



Pharmacologic management:

- NSAIDs (e.g., ibuprofen, naproxen)
- Hormonal contraceptives

Note: It is safe to continue exercise during menses, if tolerated. Yoga is helpful outside of menses.

Encourage an open dialogue about menstruation and monitor patients to see if symptoms persist.

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