NHS Lothian

Medical treatment options for women with Heavy Menstrual Bleeding (HMB) due to fibroids (HMB-L)

Information for patients and carers

Does this information apply to me?

Yes, if you are a woman who has heavy periods that are associated with fibroids. It does not cover: heavy periods caused by endometriosis, hormone therapy or bleeding disorders or bleeding that is not related to your menstrual cycle.

Are heavy periods disrupting your life?

If heavy periods are disrupting your life, your doctor should be able to offer treatments to help.

Working with you

Your doctor should talk with you about heavy periods. They should explain any tests and treatments so that you can decide together what is best for you. Your family or carer can be involved in helping to make decisions, but only if you agree.

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

Your doctor will be able to offer a number of different drug treatments to help you. Some of the treatments are also contraceptives. Your doctor should discuss the benefits and risks of each treatment with you. If one treatment isn't suitable for you, or if you try one treatment and it doesn't work, it may be possible to try another option. Some of the treatments make your periods lighter and some may stop the bleeding completely. You should be given information explaining the different options, and be allowed time to make your decision.

Treatment options

Tranexamic and/or Mefenamic Acid

What are they? Non-hormonal tablets taken from the start of your period for up to 4/5 days.
How do they work? Tranexamic acid helps the blood in the womb to form clots, which reduces the amount of bleeding. Mefenamic acid is an anti-inflammatory medication.
Impact on fertility: none.
Possible unwanted side effects: may cause indigestion and/or diarrhoea. Women who have had a blood clot in their leg or lung should not use tranexamic acid. If your fibroids are large this may not be an effective treatment.

Levonorgestrel- releasing Intrauterine System (IUS; e.g. Mirena®)

What is it: A small plastic device (intra-uterine system; IUS) that is placed in the womb and slowly releases progestogen (which acts like the natural hormone, progesterone). It can remain in the womb for up to 5 years (or longer if you are over 45 when it is inserted, when it can stay in until you at 55 years old). Sometimes it is necessary to have this device inserted at the same time as a hysteroscopy (a small camera inserted into the womb), particularly if your fibroids are large. Not all womb cavities are suitable; if the fibroids distort the cavity significantly you may not be suitable for this treatment option. Your doctor will advise you on this.
How does it work: Prevents the lining of the womb from growing quickly. Approximately 4 in 5

women will have a significant reduction in their menstrual blood loss (up to 90% reduction).
Impact on fertility: it is a contraceptive but fertility returns within a month once it is removed.
Possible complications/unwanted side effects: Commonly causes irregular bleeding or spotting that may last for over 6 months; breast tenderness, acne or headaches may occur but are generally minor and short lived. Less commonly it will stop periods completely. Sometimes this device can fall out, particularly if your fibroids are large. Occasionally the IUS can perforate the womb when it is inserted and rarely women require a keyhole procedure for this complication. The risk of infection is increased for 2-3 weeks after insertion and a course of antibiotics may be required.

Gonadotrophin-releasing Hormone Analogue e.g. Decapeptyl/Lupron/Prostap

What is it? An injection that stops the body producing the hormones oestrogen and progesterone, effectively creating a temporary (reversible) menopause.
How does it work? Prevents the menstrual cycle. Reduces fibroid size and the size of the womb. It can be used for 6 months on its own or for longer with hormone replacement therapy (up to 2 years). This option is not normally suitable as a long term treatment.
Impact of fertility: Non-hormonal contraception is advised while using this option. It is unlikely that you will be able to conceive on this treatment but fertility returns rapidly on stopping.
Possible unwanted side effects: Common: menopause- like symptoms (for example, hot flushes, increased sweating, vaginal dryness. Less common: risk of osteoporosis with longer-term use. Your doctor may offer you HRT to take alongside this treatment to prevent/alleviate these effects.

Gonadotrophin-Releasing Hormone Receptor Antagonist (e.g. Relugolix, estradiol and norethisterone acetate)

What is it? A tablet that stops the body producing the hormones oestrogen and progesterone, effectively creating a temporary (reversible) menopause. The tablets also contain hormone replacement therapy in the same pill.
How does it work? Prevents the menstrual cycle to reduce heavy menstrual bleeding. As this tablet also contains hormone replacement therapy, it can be used for longer-term treatment of fibroid symptoms.
Impact on fertility: Non-hormonal birth control (e.g. condoms) should be used in the first month after starting this tablet. You must not take any hormonal contraception at the same time as this medication. This medication is not suitable if you are pregnant, think you are pregnant or are planning to have a baby.
Possible unwanted side effects: Common: menopausal symptoms (e.g. hot flushes/increased sweating) irregular bleeding from the womb, hair loss, breast cysts, indigestion. Bone scans may be recommended with long term use to monitor bone density.

Ulipristal Acetate

What is it? This medicine may reduce fibroid size, the size of the womb and menstrual bleeding. It should only be used for intermittent treatment of moderate to severe symptoms of uterine fibroids before menopause and when surgical procedures (including uterine fibroid embolisation) are not suitable or have failed. Ulipristal acetate should not be prescribed for controlling symptoms of uterine fibroids while waiting for surgical treatment.
Tablets of ulipristal acetate are taken once daily for 3 months. You can have intermittent courses of treatment of 3 months each, waiting for withdrawal bleeding and a period before starting your next course of tablets.
How does it work? It acts on the progesterone receptor (the binding site in the womb for progesterone). Progesterone as well as oestrogen contribute to fibroid growth.
Impact on fertility: reduces fertility while taking the tablets but it is not a contraceptive. Its effects are reversible.

Possible unwanted side effects: Many women stop having periods when taking this drug. Common unwanted effects include stomach pain, feeling sick, headaches, dizziness, tiredness, weight gain, hot flushes and breast tenderness. Very infrequent but serious cases of liver damage (with some cases requiring a liver transplant; 1 in 180,000) have been reported in association with ulipristal acetate for uterine fibroids. It has however been considered that the benefits of ulipristal acetate in controlling symptomatic fibroids may outweigh this risk in some women who have no other treatment options. If ulipristal acetate is considered to be an appropriate therapy, we will discuss the risks and benefits with you so you may make an informed decision about treatment options. This should involve discussion of all available treatment options for moderate to severe symptoms of uterine fibroids, and the advantages and risks of these for you. We will discuss the signs and symptoms of liver injury and what to do if they occur. We will not offer ulipristal acetate to patients with an underlying liver disorder.
If taking ulipristal acetate, we will need to monitor your liver function with regular blood tests. Blood tests are needed before treatment is started, during treatment, and 2–4 weeks after treatment. You should stop taking your ulipristal acetate tablets and speak with your doctor immediately if you get any signs of liver damage such as:

- yellowing of the skin or eyes,
- dark urine
- nausea or vomiting.

You will be asked to carefully read the patient card and leaflet included with your medicine and to keep them safe in case you need to read them again.

Oral Progestins (Norethisterone/Medroxyprogesterone acetate)

What is it? Tablets taken 2 to 3 times a day from the 5th to the 26th day of your cycle (counting the first day of your period as day 1).
How does it work? Prevents the lining of the womb from growing quickly.
Impact of fertility: not an effective contraceptive but will decrease the chance of becoming pregnant. Fertility potential will return on stopping the medication.
Possible unwanted side effects: Common: weight gain; bloating; breast tenderness; headaches; acne (usually minor and short-lived). There is a slight increased risk of blood clots in the legs or lungs with long-term use of Norethisterone and women at higher risk of blood clots wanting to use this type of treatment should be prescribed medroxyprogesterone acetate. If your fibroids are large this may not be an effective treatment.

Injected or Implanted Progestins

What is it? An injection of progestin (similar to the natural hormone, progesterone) given every 3 months. An implant is also available that releases progestin slowly for up to 3 years.
How does it work? Prevents the lining of the womb from growing quickly.
Impact of fertility: Fertility returns on stopping the medication although time-frame of return of fertility will vary depending upon preparation administered. The progestogen injection can rarely cause a delay in fertility of up to 18 months.

Note: The most common unwanted effects may be experienced by 1 in 100 women.
Less common unwanted effects are those experienced by 1 in 1000 women.
Rare unwanted effects are not shown here.

Possible unwanted side effects: Common: weight gain; irregular bleeding; absence of periods; premenstrual symptoms (including bloating, fluid retention, breast tenderness). Less common: bone density loss.

Information in these leaflets has been adapted from the National Institute for Health and Care Excellence (www.nice.org.uk) and Royal College of Obstetricians and Gynaecologists (www.rcog.org.uk) guidelines.