

## **MANAGEMENT OF MENSTRUAL DISORDER IN A PRIMARY CARE SETTING**

A **menstrual disorder** is characterized as any abnormal condition with regards to a woman's menstrual cycle. There are many different types of menstrual disorders including pain during menstruation, heavy bleeding, or absence of menstruation. Abnormal uterine bleeding (AUB) in a non-pregnant reproductive-age woman is the most common gynaecologic symptom seen by General Practitioners. Menstruation is considered normal when uterine bleeding occurs every 21 to 35 days. The normal duration of menstrual bleeding is between two and seven days. Abnormal uterine bleeding occurs when either the frequency or quantity of uterine bleeding differs from that mentioned above, which is subjective as volume is difficult to measure or the woman has prolonged spotting or bleeding between her menstrual periods which interferes with the woman's physical, social, emotional, and/or material quality of life.

**FIGO** classification system has classified abnormal uterine bleeding into nine basic categories that can be arranged according to the acronym **PALM-COEIN**: *polyp, adenomyosis, leiomyoma, malignancy and hyperplasia, coagulopathy, ovulatory dysfunction, endometrial dysfunction, iatrogenic, and "not otherwise classified"*. The two most common causes are structural abnormalities of the reproductive system and ovulation disorders. Some of the more common structural causes of abnormal uterine bleeding include benign (non-cancerous) lesions of the uterus such as polyps, fibroids (myomas), and adenomyosis (uterine thickening caused by endometrial tissue moving into the outer walls of the uterus).

Other causes include bleeding associated with early pregnancy, including miscarriage and ectopic pregnancy, as well as bleeding disorders that affect the ability of the blood to clot normally. Lesions of the cervix or vagina (benign and cancerous), chronic infections of the endometrial lining (endometritis), and the use of an intrauterine device (IUD) also may be associated with abnormal uterine bleeding.

Additional causes of abnormal bleeding include medications that can affect the normal release of estrogen and progesterone; chronic medical problems such as diabetes mellitus or disorders of the liver, kidney, thyroid gland, or adrenal glands. Emotional or physical stress as well as significant changes in body weight (PCOS) may disrupt the pituitary's release of FSH and LH and prevent ovulation, thereby causing amenorrhoea.

Women who are postmenopausal should seek prompt care from a doctor for any bleeding, as the causes of bleeding and concerns are different from those in women of reproductive age.

### **TREATMENT**

Abnormal uterine bleeding may be controlled with the use of low-dose OCs or Progestogens. Tranexamic acid can also be used for heavy bleeding episodes. Levonorgestrel-containing IUDs are useful in treating DUB and may be the most effective therapy.

Menstrual abnormalities is a common gynaecological problem in women of reproductive age that usually can be corrected with surgery or medication. Surgery may be able to correct structural causes of abnormal bleeding. If there are no structural causes, medical therapy often can restore regular menstrual cycles.

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