TREATMENT OF HEAVY OR PAINFUL PERIODS IN ADOLESCENTS

What are heavy periods?

Your period is the part of the menstrual cycle where the lining of your womb is shed leading to bleeding from the vagina.

A period can be considered heavy if it causes one or more of the following:

- Bleeding which lasts for more than 7 days
- Needing to change your pad every 2 hours or more
- Needing to use both tampons and pads
- Flooding onto clothing or bedding regularly
- Stopping you from going to school, doing sports or socialising.

Heavy periods are very common for teenagers. This is because it can take up to two years for regular ovulatory cycles to become established, and early periods can be irregular, prolonged and heavy.

Treatments for heavy/painful periods

Non- hormonal treatments

These medications are **taken only for the days when bleeding is heavy** or **painful** and work to reduce bleeding and help ease pain however, they do not make periods more regular or change their length. They may be taken individually or both together.

1. **Non-steroidal anti-inflammatory drugs (NSAIDs)**

These include **Ibuprofen** which can be bought over the counter, and **Mefenamic acid** which can be prescribed by your GP. These medications work well for period pain. If you are taking Ibuprofen you should make sure that you are taking a dose appropriate for your weight and size. This is usually the standard adult dose of 400mg, which can be taken 3-4 times per day. You can take two 500mg tablets of paracetamol 4 times a day in addition to the Ibuprofen or Mefenamic acid if necessary, or **substitute** one or both paracetamol tablets with a Co-Codamol 8/500 tablet (these contain the same dose of paracetamol combined with codeine which can give stronger pain relief).

2. **Tranexamic acid**

This medication works by helping your blood to clot and can be prescribed by your GP. It helps to lighten your bleeding on heavy days but will not stop your period or make it more regular. It is only useful if you have a few heavy days bleeding every month but not if you have prolonged or frequent bleeding. It cannot be used if you have any history of blood clots in your leg or lung, and should not be taken at the same time as the combined pill.

Hormonal treatments

1. **Combined oral contraceptive pill ('The Pill')**

This contains two hormones and is taken as one tablet daily. It works to make your period regular, lighter and usually less painful. It is also a reliable form of contraception when taken correctly. Normally a difference in the heaviness of periods is noticed in 3 months and the full effect should be seen by 6 months.

The Pill is not suitable for anyone with a family history of blood clots in a first degree relative (parent, brother, sister) or anyone who has of headaches diagnosed as migraines.

How to take the combined pill

Most pill packets contain 21 tablets in a single strip, taken every day, followed by a break of 7 days when no pill is taken. The period comes during the 7-day break, usually starting a day or two after taking the last pill. This means that you will know when your period will come each month. It is very important that you always start your pill again on the correct day after the 7-day break and that the break is not extended. You will always start you pill on the same day of the week. If you are late restarting your pill it will not be effective and you will be at risk of pregnancy if you are using it for contraception.

If your periods are still heavy and /or painful when you are taking the pill you can take it **continuously without 7 day breaks** (sometimes called 'back-to-back') for several weeks at a time. This is a safe way to take the Pill. If you are taking the Pill continuously, you may get some irregular, or breakthrough bleeding which is more common in the first few months of taking the pill. To reduce the risk of this unpredictable bleeding you can **take a 7 day break every 2-3 months.** It can be a good idea to time this with school holidays (i.e Halloween break, Christmas break, mid-term) and before starting exams, so that you are in control of when you have your periods, and avoid missing school. You do not have to take your 7-day break at the end of a 21 day strip. As long as you have taken at least 21 consecutive days of the pill, you can take a 7-day break any time after that, and re-start the pill where you left off even if it is in the middle of another 21 day strip. This allows you complete control and flexibility around when you have your period. Another option is to take a 5 day break only if or when you experience break through bleeding, although this doesn't allow for 'period planning'.

All combined pills contain two hormones, oestrogen and progestogen. Although the oestrogen is the same in most of the pills, different pills can contain different progestogens which can be tailored to your needs. If you experience side effects or a lot of irregular bleeding with one pill you can speak to your GP, who can change you to one with different hormones which may suit you better. It is important however to have a proper trial of at least 3 months before making changes, and to make sure that you don't miss any pills. If you forget to take your pill frequently it will not be helpful for your periods and it won't prevent you getting

pregnant if you are also using it for contraception**. If you are using it for contraception you should read the missed pill information in the packet very carefully**

QLAIRA is a different type of combined contraceptive pill - one of only two pills which contain natural oestrogen (oestradiol) instead of the synthetic oestrogen ethinyloestradiol which is in the 21 days pills. Qlaira is licensed and very effective for treatment of heavy periods because it was designed to be taken in a way that reduces or eliminates withdrawal bleeds (periods). Qlaira is an *every day* pill with 2 placebo (dummy) pills as the last 2 pills in every 28 day cycle. Although a lot of girls have irregular and more frequent bleeding during the first few months of taking it, most girls eventually have only one or 2 days of very light bleeding each month. It is therefore worth persisting with Qlaira if you want a combined pill and don't want to have to take 5 or 7 day breaks as with a 21 day pill.

2. **The progesterone only pill ('the Mini Pill')**

This pill contains only one hormone and is taken once a day, every day. It is a good option for girls with migraines who can't take the combined pill or for girls who want to be completely period free and not have to worry about taking breaks for periods. Irregular bleeding (not usually heavy) is very common during the first few months of taking this pill, but in approximately 50% of girls periods stop completely. Even if your periods don't stop completely they are usually lighter and less painful. It is also a reliable form of contraception if taken correctly. If you experience irregular bleeding which doesn't settle the dose can be safely **increased to two tablets daily.**

The most common reason for this pill not helping is if you don't always remember to take it every day. It is also important to take it for a least 3 months before giving up as it can take up to 3 months to notice an improvement in your periods.

Endometriosis in Adolescents

Although endometriosis is less common in young girls, persistent or increasingly severe period pain can be a sign of this condition. If no abnormality is seen on ultrasound scan it is recommended that period pain is managed with non-steroidal anti-inflammatory drugs (Ibuprofen, Mefenamic acid), paracetamol +/- hormonal treatments (contraceptive pills) if necessary. If the pain does not respond to this treatment then a laparoscopy (an operation to look into the abdominal cavity) may be recommended. If early endometriosis is found at laparoscopy this can be treated, but long-term hormonal suppression will then be needed to prevent it recurring or progressing.

For this reason, if early endometriosis is suspected, it is usually **best managed with hormonal treatment,** avoiding the risks of surgery, given that this will be the necessary long-term treatment anyway.