DECISION AID

Heavy periods: What are your treatment options?

If you're reading this, you've probably been diagnosed with heavy periods. This means that you lose quite a lot more menstrual blood during your period than other women do. That can be a problem in daily life and lead to iron deficiency (anemia), tiredness and a lack of energy.

There are various ways to treat heavy periods, including hormone therapy and medication to reduce bleeding. Sometimes, surgery to remove the lining of the womb or the entire womb (hysterectomy) may be considered.

The aim of this decision aid is to help you choose a suitable treatment together with your doctors. If your doctor has recommended a hysterectomy, you have the right to get a second medical opinion.

THESE ARE THE TREATMENT OPTIONS:



There are also various things women can do to cope better with heavy periods in everyday life. If you have iron deficiency anemia, you can take iron tablets.

Please note: This decision aid is not meant for women who have heavy periods because of fibroids or polyps in their womb. Other treatment options are available in that case.

MAKING AN INFORMED DECISION

This decision aid probably won't include all of the information that you need. You will still need to talk to a doctor, but the decision aid can help you.

Your treatment decision will depend on personal factors, too. These include your life circumstances, other medical conditions you may have, and your expectations of the treatment. Any other treatments you have tried and how successful they were also need to be considered.

Even if you find your heavy periods very distressing: Take the time to find out what you want to know and don't let anyone pressure you into choosing a certain treatment.

PROS AND CONS OF THE MEDICATIONS

	Painkillers (NSAIDs, apart from ASA)	Medication to reduce bleeding (tranexamic acid)	Progesterone	Birth control pill	Hormonal coil (IUD)
What does the treament involve?	Are taken in the form of tablets as needed.	Is taken three times per day as tablets during your period, for four days at the most.	Is taken once a day as a tablet for 14 to 25 days per menstrual cycle.	Is taken once a day in tablet form, either with a break every month or continuously without a break.	Is placed inside the womb, and can be left there for 3 to 8 years depending on the specific type.
Who is the treatment suitable for?	For most women who have heavy periods	For most women who have heavy periods	For most women who have heavy periods	For women who don't currently wish to become pregnant	For women who don't currently wish to become pregnant
How much can the treat- ment help?	Can reduce pain and cramping. Slightly reduce the amount of blood lost, but are less effective than most of the other treatments.	Can lessen heavy periods and is more effective than NSAIDs and progesterone.	Reduces bleeding slightly better than NSAIDs do. Longer use (20 to 25 days) is the most effective here.	Your period may become lighter. Women who take the pill continuously (without breaks) usually no longer have any periods at all. But it's not clear how well the birth control pill generally reduces the problems caused by heavy periods.	Women lose a lot less blood during their period, and often stop getting their period altogether. The hormonal coil is the most effective medication- based treatment for heavy menstrual bleeding and the related problems.
What are the possible side effects?	Stomach problems, nausea	Headaches, tiredness, muscle cramps, increased risk of thrombosis (especially when used together with a birth control pill)	Weight gain, nausea, headaches, decreased sex drive	Headaches, nausea, breast tenderness, mood swings, increased risk of thrombosis	Acne, spotting (especially at first), headaches, mood swings, breast tenderness Putting in a hormonal coil can be painful.

PROS AND CONS OF THE SURGICAL PROCEDURES

	Surgery to remove the lining of the womb	Surgery to remove the womb (hysterectomy)
What does the treatment involve?	The lining of the womb is removed through the vagina with surgical instru-ments (endometrial resection) or destroyed using things like heat (endometrial ablation). This is usually carried out as a day procedure.	The womb is completely removed. The surgery can either be performed through the vagina or through a cut in the abdominal wall. You usually need to stay in the hospital for a brief time.
Who is the treatment suitable for?	For women who don't wish to have any (more) children. After this procedure, pregnancy is unlikely and associated with a high risk of miscarriage or preterm birth.	For women who don't wish to have any (more) children. It is no longer possible to get pregnant. Hysterectomies are usually only considered if none of the other treatments have helped.
How much can the treatment help?	About 90 out of 100 women say that their period was lighter after the operation. But the lining of the womb sometimes grows back. About 20 out of 100 women have this kind of surgery again within two years.	After a hysterectomy, you no longer have periods or the associated problems.
What are the possible dis- advantages of treatment?	Injuries to the wall of the womb and general risks associated with surgery, such as infections or wound-healing problems. After the procedure, 6 out of 100 women have infections, a fever or need a blood transfusion.	Injuries to nearby organs or blood vessels in the abdomen and general risks associated with surgery, such as infections or wound-healing problems. After the procedure, 32 out of 100 women have infections, a fever or need a blood transfusion. Physical effects such as pain during sex, and sometimes emotional

YOUR DECISION

You can now weigh the pros and cons of the different treatments for yourself. Which of them are better suited to you and your life circumstances, and which of them aren't?

WHAT IS IMPORTANT TO YOU?

You can use this table to note the main issues for you when considering the options. Which of them will affect your decision? How important are they to you? Mark the statements that apply to you, and add any thoughts of your own. Ranking the statements could help: For instance, you could mark the statements that are especially important to you with a 1, those that are a little less important with a 2, and so on.

Which statements apply to you?	Your ranking (1, 2,)	
A permanent solution to my problems is important to me.		
I'd still like to be able to get pregnant.	\bigcirc	
I've already tried one or more medications, but that hasn't helped enough.	\bigcirc	
I'm worried about the side effects of the medications.		
I don't want to take tablets every day.		
I wonder whether surgery could help.	\bigcirc	
I'm worried about the risks of surgery.		
Keeping my womb is important to me.	\bigcirc	
	\bigcirc	

WHICH TREATMENT WOULD YOU CONSIDER?

You can use this table to assess the different treatments. Mark the ones you would consider and write down what you like and don't like about them.

Which treatment would you consider?		What do you like about it?	What don't you like about it?
Painkillers	\bigcirc		
Medication to reduce bleeding	\bigcirc		
Progesterone			
Birth control pill			
Hormonal coil (IUD)	\bigcirc		
Surgery to remove the lining of the womb			
Hysterectomy (surgery to remove the womb)			

HOW FAR HAVE YOU GOT WITH YOUR DECISION?

You can use this section to record how far along you are in your decision-making process. Mark where you are on a scale of 0 to 10.



If you still aren't sure and need more help, you can find some tips and more information on the following pages.

WHAT ELSE DO YOU NEED IN ORDER TO MAKE A DECISION?

With all the different pros and cons to consider, it can be hard to choose a treatment. Then the following might help:

	Write down your questions.
Knowledge If you feel that you	Make notes on where you could get the answers (for example, on the internet, at the library, or from a doctor's practice or information center).
don't have enough information:	You have the right to seek a second medical opinion. You can find out more about that option on the next page.
	There you will also find links to further information.
Importance to you	Talk with people who know about these pros and cons from their own experience.
If you aren't sure	Speak to others who have already made the same kind of decision.
which pros and cons are most important to you:	Read interviews or reports about others who have gone through a similar decision-making process to see what was especially important to them.
	Discuss with other people what is most important to you.
	Discuss the various options with a trusted person (for instance, with your doctor, someone in your family, or a friend).
Support	Take this decision aid with you to your next appointment and talk about it with your doctor.
If you feel you aren't getting the	Contact patient advice services or a support group. You will find more information about this on the next page.
support you need:	Ask for help with any hurdles related to your chosen treatment (like financial support, childcare, and transportation or someone to come with you if you need to travel).
	Focus on those people's opinions that matter to you the most.
	Discuss this decision aid with others.
If you feel pressured by others to choose a certain option:	Ask someone else to complete this decision aid for you. Where do your answers match? If you do not agree on the facts, get more information. If you don't have the same opinion on the main points, consider the other person's point of view. Take turns listening to what is most important to the other person.
	Find a neutral person to help you and the other people who are involved.

YOU WILL FIND IN-DEPTH INFORMATION ABOUT THE FOLLOWING TOPICS ON THE INTERNET:



PREPARING FOR THE DOCTOR'S APPOINTMENT

Do you still have any questions or concerns? Write down your questions or your own thoughts to discuss with the doctor.

There's a list of possible questions here:

www.informedhealth.org/list-of-questions/

informedhealth.org

PUBLISHING DETAILS

Institute for Quality and Efficiency in Health Care (IQWiG, Germany)

www.informedhealth.org/about-us

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The format of this decision aid is based on the following:

- Ottawa Personal Decision Guide. O'Connor, Stacey, Jacobsen 2012. Ottawa Hospital Research Institute and University of Ottawa, Canada.
- MAKING SDM A REALITY Hospital-wide shared decision making G-BA Innovation fund 2023.
- Institute for Quality and Efficiency in Health Care (IQWiG, Germany). Development of a decision aid for hysterectomy: Rapid Report; Commission P18-01. 2019.