

A Nurse Practitioner's Guide to Identifying and Treating Cyclic Heavy Menstrual Bleeding

Millions of American women suffer from cyclic Heavy Menstrual Bleeding (heavy periods), a treatable medical condition. The condition affects social, leisure and physical activities during menstruation. Seventy percent of women with heavy periods haven't spoken to a healthcare professional because they think the condition is normal or they are simply too embarrassed to discuss it.[†]

As a nurse practitioner, you are in a position to identify and treat Heavy Menstrual Bleeding, which can help the many women who suffer from this condition.

How can you identify patients with Heavy Menstrual Bleeding?

Ask the patient these six questions, each a sign or symptom of heavy periods. If the answer is "yes" to any one, she may have heavy periods:

Does your patient have symptoms of heavy monthly bleeding?

- Yes No Does your heavy period limit your daily activities? If yes, how many days on average each month? 1 / 2 / 3 / 4 / 5
- Yes No Does your heavy monthly bleeding make you miss school, work, or family events?
- Yes No Do you need to change sanitary protection during the night?
- Yes No Does your bleeding soak through one or more pads or tampons every hour for several hours?
- Yes No Do you often double up sanitary protection to manage your heavy monthly bleeding?
- Yes No Do you have to organize social, leisure and physical activities around your period?

If patients answer yes to any of these questions, it may help them to explore ways that their heavy periods can be managed. It will not only inform patients about Heavy Menstrual Bleeding, but will also let them know that there are treatments available that they can discuss with you.

[†] Findings from "Living with Heavy Menstrual Bleeding – A National Survey of 500 U.S. Women," conducted online in June 2010 by Harris Interactive Inc. on behalf of Ferring Pharmaceuticals Inc.

Causes of Heavy Menstrual Bleeding

In many cases, the causes of heavy periods are unknown. One or more of the following factors may be present in a patient with heavy periods:

- Fibroids/polyps, growths in the uterine wall
- Bleeding disorders such as von Willebrand disease, which affects the blood's ability to clot
- Endometriosis, adenomyosis
- Infections such as pelvic inflammatory disease (PID)
- Intrauterine contraceptives used for birth control
- Cervical abnormalities such as cervical cancer (post coital bleeding)
- Liver, kidney, or thyroid conditions

Assessing your patients' needs before prescribing a treatment for Heavy Menstrual Bleeding

There are several different treatment options for patients with Heavy Menstrual Bleeding. Please use the following questionnaire as a guide to help choose a treatment option that is most appropriate for your patients.

1. Is your patient seeking contraception?
2. Is hormone therapy contraindicated for your patient? Why?
3. Does your patient have an aversion to taking a daily pill throughout the month?
4. Does your patient prefer a non-hormonal treatment option?
5. Would your patient like to preserve her fertility?

What are the treatment options for Heavy Menstrual Bleeding?

Traditional treatments have been limited to pain relievers like ibuprofen and most hormonal contraceptive pills, which are not FDA-approved for Heavy Menstrual Bleeding. Surgical options include ablation and hysterectomy. The only two FDA-approved products available to treat Heavy Menstrual Bleeding are Mirena®* (levonorgestrel-releasing intrauterine system [LR-IUS]) which is only indicated for women who also use it for contraception, and LYSTEDA®** (tranexamic acid) tablets, the only non-hormonal and non-surgical treatment indicated specifically for cyclic Heavy Menstrual Bleeding.

Here's an overview of treatments that are used by the medical community for Heavy Menstrual Bleeding (least invasive to most invasive):

Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, has not been approved by the FDA to treat Heavy Menstrual Bleeding.

Tranexamic acid: LYSTEDA (tranexamic acid) tablets, the only non-hormonal and non-surgical treatment FDA-approved specifically to treat cyclic Heavy Menstrual Bleeding.

**Mirena is a registered trademark of Bayer Pharmaceuticals*

***Lysteda is a registered trademark of Ferring BV*

Hormonal therapies, Mirena (levonorgestrel-releasing intrauterine system [LR-IUS]) – the only other product FDA-approved to treat Heavy Menstrual Bleeding, but ONLY for women who also want contraception; and also oral contraceptives and oral progesterone which are not approved by the FDA to treat Heavy Menstrual Bleeding.

Surgical procedures, including endometrial ablation and hysterectomy.

About LYSTEDA

LYSTEDA (tranexamic acid) tablets are indicated for the treatment of cyclic heavy menstrual bleeding. Prior to prescribing LYSTEDA, exclude endometrial pathology that can be associated with heavy menstrual bleeding.

Important Safety Information

LYSTEDA is contraindicated in women with active thromboembolic disease or a history or intrinsic risk of thrombosis or thromboembolism, including retinal vein or artery occlusion; or known hypersensitivity to tranexamic acid.

The risk of thrombotic and thromboembolic events may increase further when hormonal contraceptives are administered with LYSTEDA, especially in women who are obese or smoke cigarettes. Women using hormonal contraception should use LYSTEDA only if there is a strong medical need and the benefit of treatment will outweigh the potential increased risk of a thrombotic event. Do not use LYSTEDA in women who are taking more than the approved dose of a hormonal contraceptive.

Concomitant use of LYSTEDA with Factor IX complex concentrates, anti-inhibitor coagulant concentrates or all-trans retinoic acid (oral tretinoin) may increase risk of thrombosis. Visual or ocular adverse effects may occur with LYSTEDA. Immediately discontinue use if visual or ocular symptoms occur. In case of severe allergic reaction, discontinue LYSTEDA and seek immediate medical attention. Cerebral edema and cerebral infarction may be caused by use of LYSTEDA in women with subarachnoid hemorrhage. Ligneous conjunctivitis has been reported in patients taking tranexamic acid.

The most common adverse reactions in clinical trials ($\geq 5\%$, and more frequent in LYSTEDA subjects compared to placebo subjects) were: headache, sinus and nasal symptoms, back pain, abdominal pain, musculoskeletal pain, joint pain, muscle cramps, migraine, anemia, and fatigue.



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