



Bleeding Disorders and Menstruation

How much is too much?

September 11, 2024 Bethany Samuelson Bannow, MD, MCR

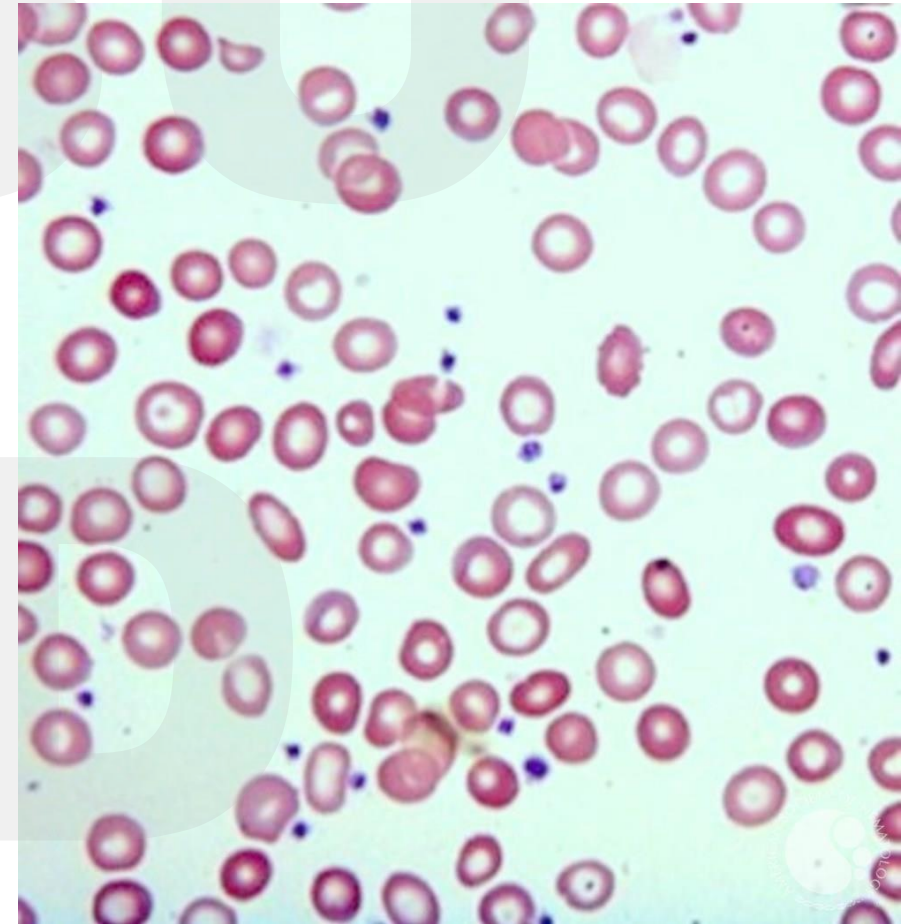
Objectives

By the end of this presentation you should be able to:

- Recognize defining features of HMB
- Explain the relationship between HMB and bleeding disorders
- Compare and contrast treatment options for HMB in patients with bleeding disorders

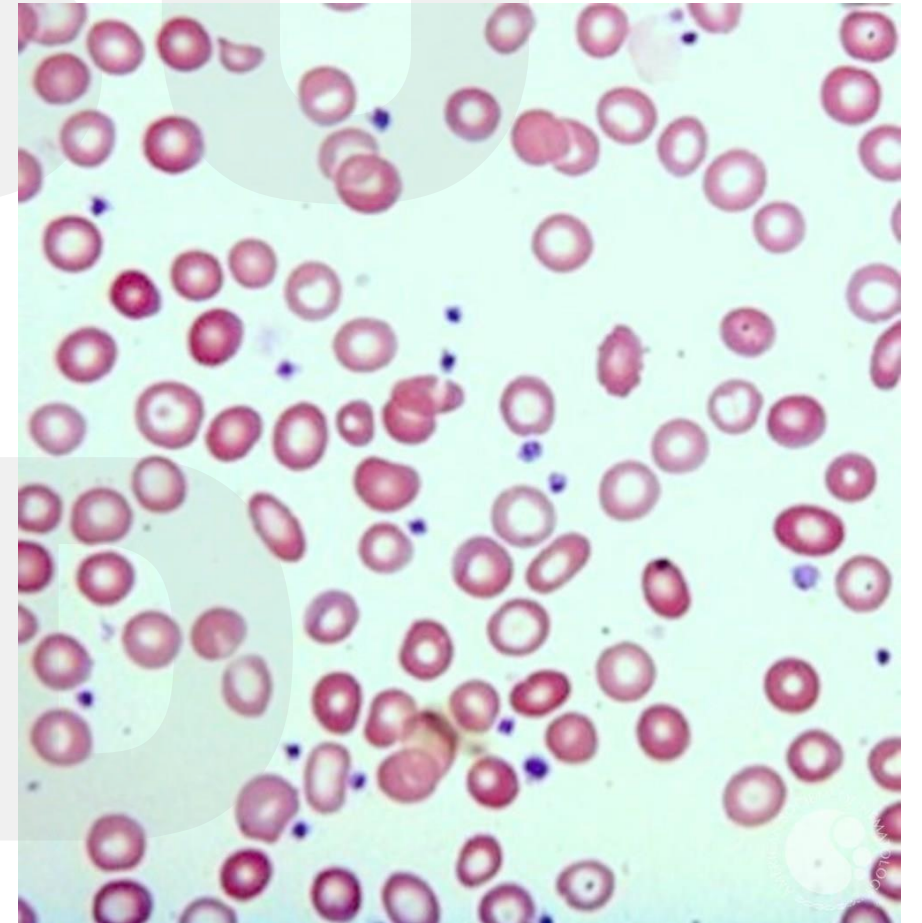
Case

- A 26 yo woman presents with anemia
 - Hemoglobin 8.0 g/dL, MCV 71
 - CBC otherwise WNL



Case

- A 26 yo woman presents with anemia
 - Hemoglobin 8.0 g/dL, MCV 71
 - CBC otherwise WNL
 - Reports anemia since age 16
 - Describes her periods as ‘normal’



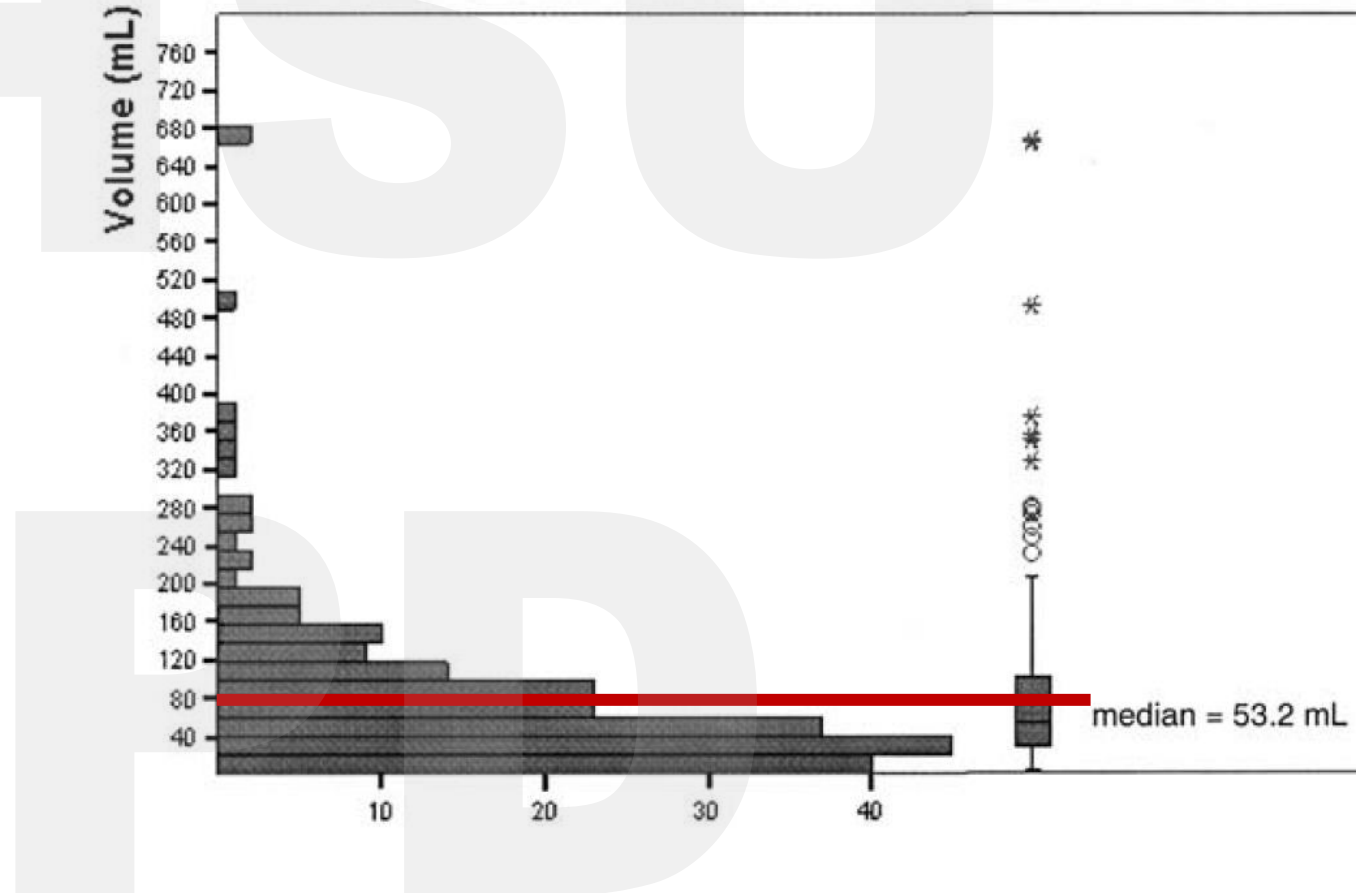
*Always believe women. Unless they
say their periods are normal... then
ask more questions.*

Normal or Abnormal?

- Average age of menarche: 12.5-12.7 years
- Average age of menopause: 51.4
- Average cycle length: 28 (21-35) days
- Average duration of menses: 2-7 days
- Median blood loss: 30-50 mL/cycle
- Heavy menstrual bleeding: ≥ 80 mL/cycle

Menorrhagia I

- 952 women from 3 hospitals
 - 782 completed menstrual evaluation questionnaires (MEQ)
 - 226 undertook menstrual collection
 - 34% had losses > 80mL/cycle



Menorrhagia I – Clinical Factors

Blood loss >80ml/cycle

- Changing protection $\geq$ hourly
- Low ferritin
- Clots > 1.1 inch

Increased blood loss

- “Very heavy” bleeding
- Changing protection overnight
- # products used/cycle

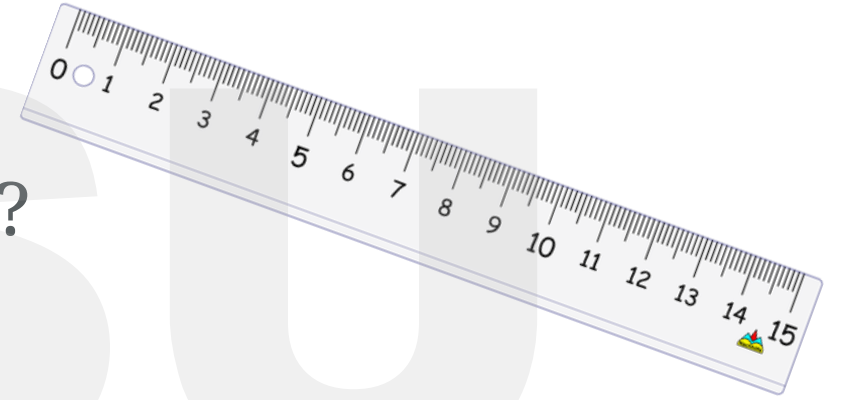
FIGO Definition

- “excessive menstrual blood loss that interferes with a person’s physical, social, emotional, or material quality of life”



Three questions...

- How often do you change protection?
 - Include wearing 'double' protection
- Do you pass clots >1 inch?
- Have you ever been diagnosed with iron deficiency?
 - Check a ferritin level



7-2-1 rule



What is a heavy period?

1 in 5 women will experience heavy periods. Heavy periods may be a sign of a bleeding disorder. These symptoms should alert you:

7 DAYS



Your period lasts
7 days or more

2 H



Need to change
menstrual protection
more often than
every 2 hours

1 €



Passing blood clots
larger than a 1€ coin

Warning!

- The following slides contain content which may be disturbing for some participants including:

CPD

Warning!

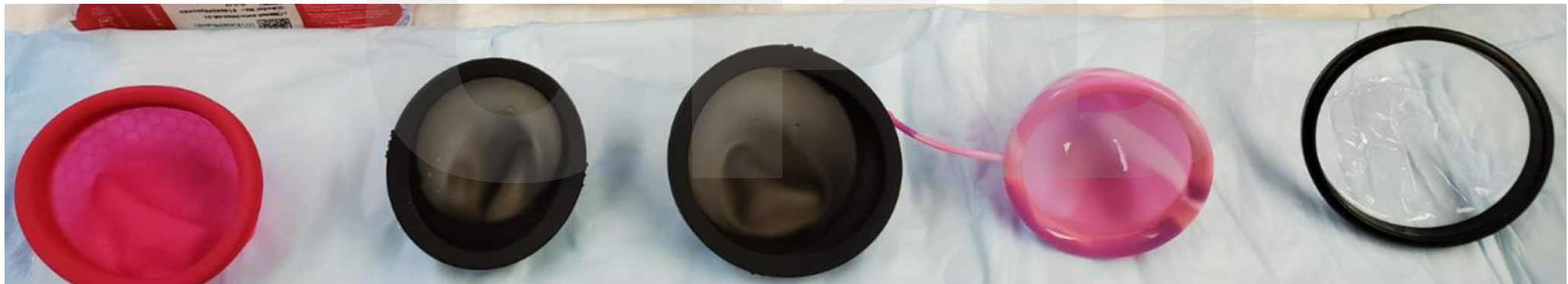
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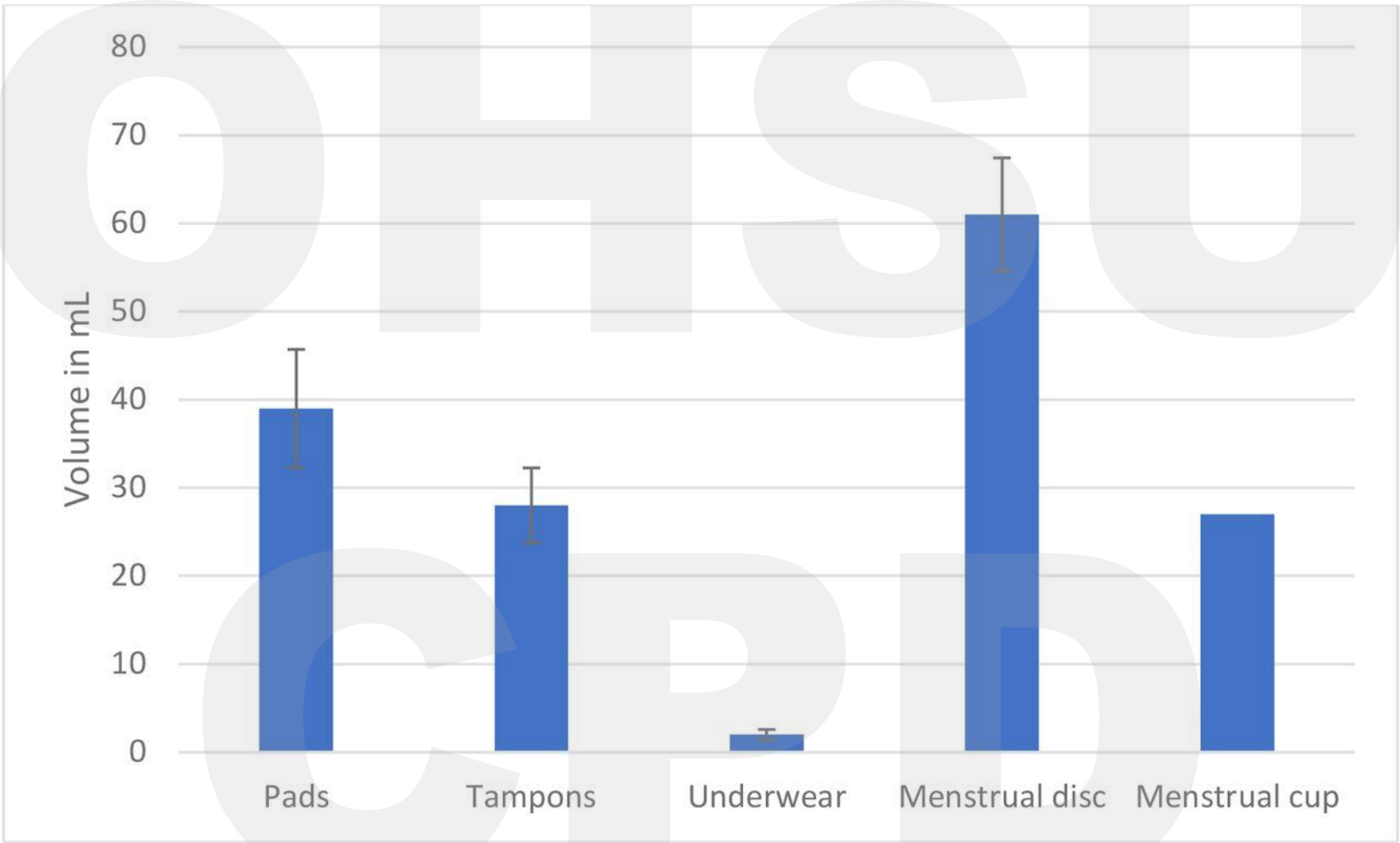
Alternative Period Products



Alternative Period Products



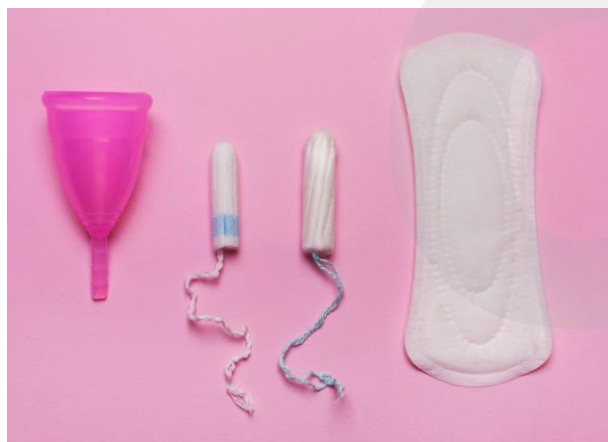
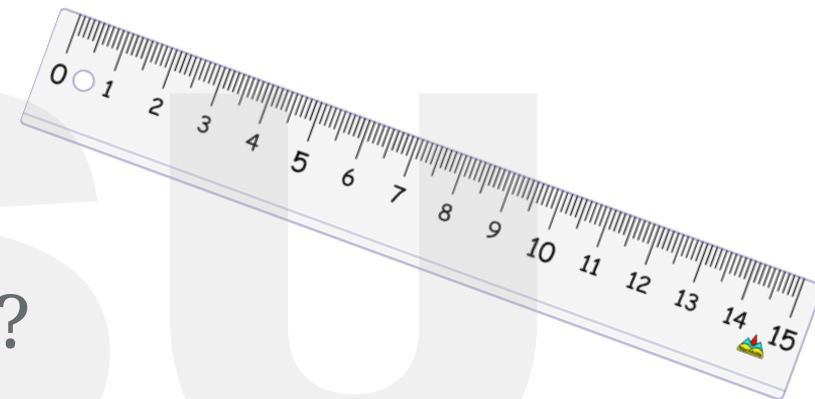
Average volume of red blood cells absorbed by each product category.



Emma DeLoughery et al. *BMJ Sex Reprod Health*
2024;50:21-26

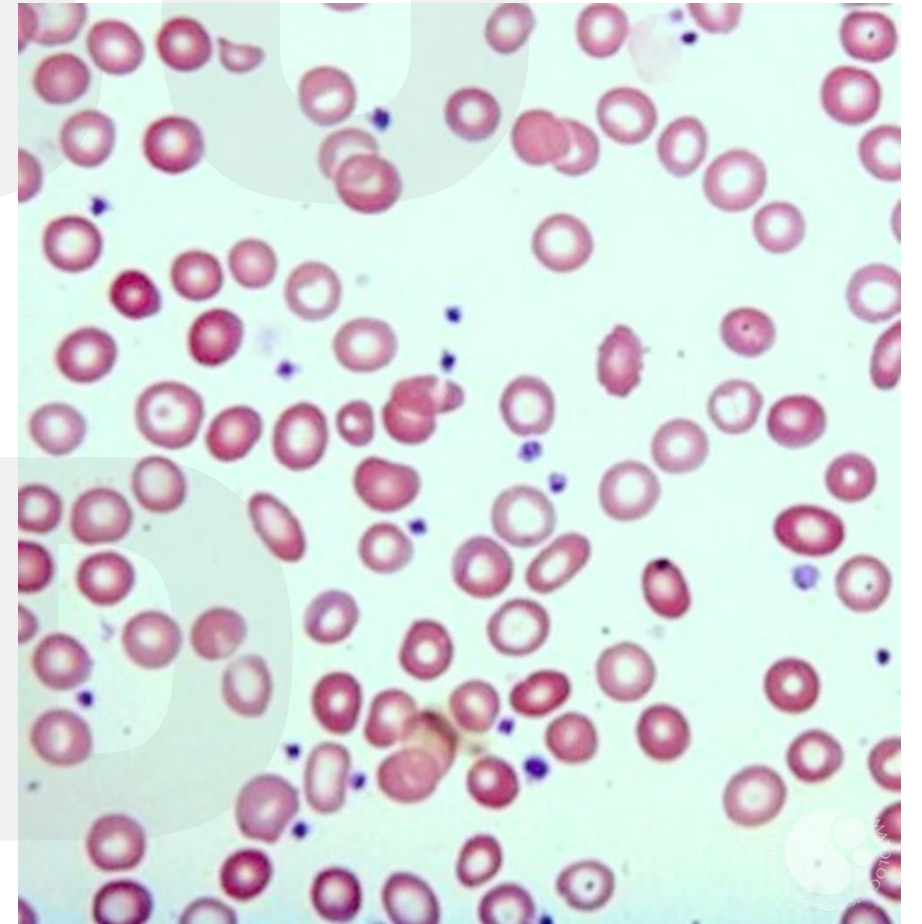
Three ~~Four~~ questions...

- *What kind of protection do you use?*
- How often do you change protection?
 - Include wearing 'double' protection
- Do you pass clots >1 inch?
- Have you ever been diagnosed with iron deficiency?
 - Check a ferritin level



Case

- A 26 yo woman presents with anemia
 - Hemoglobin 8.0 g/dL, MCV 71
 - CBC otherwise WNL
 - Fills a menstrual cup every 3-4 hours
 - Frequently passes clots >1 inch
 - Ferritin 6 mcg/L

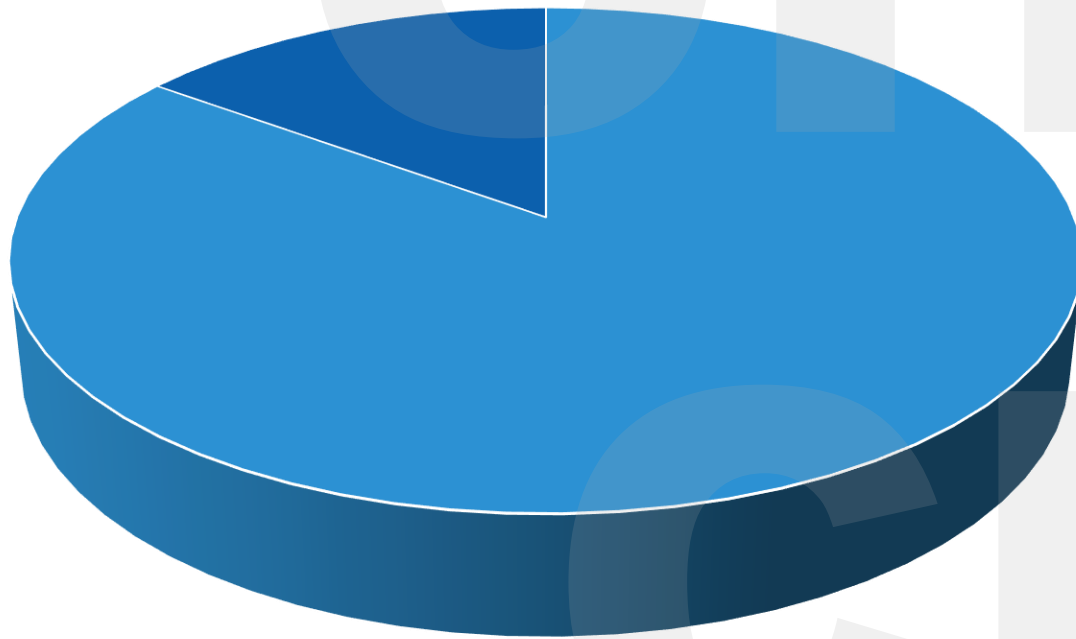


HMB and Bleeding Disorders



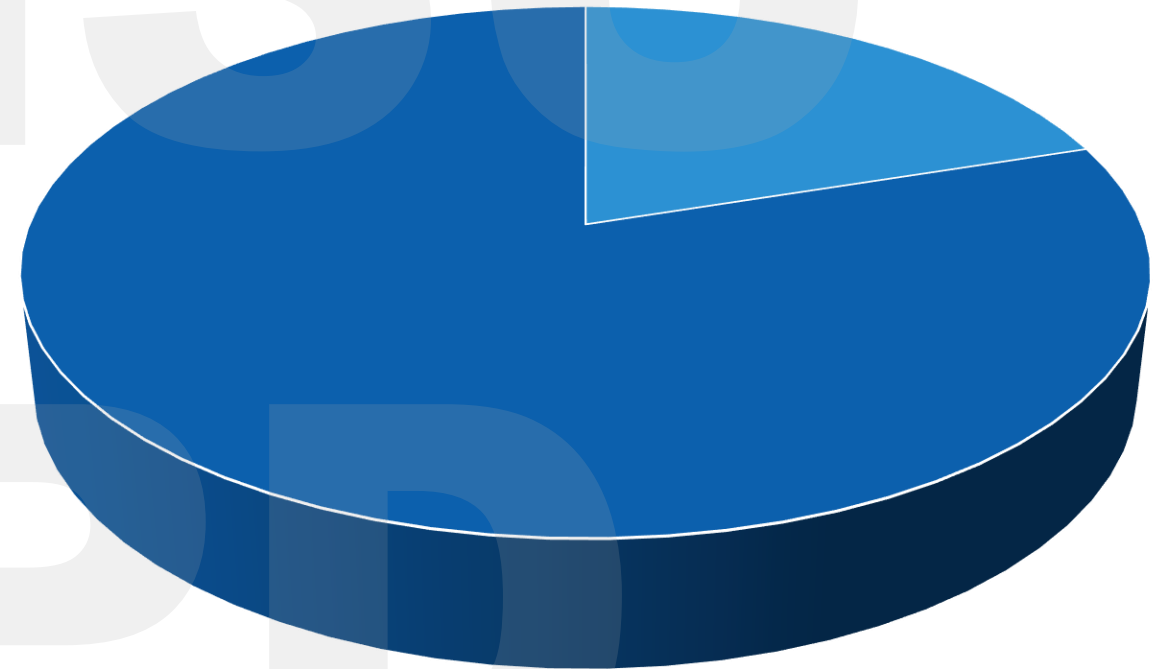
HMB and Bleeding Disorders

Bleeding Disorder Patients



■ HMB ■ No HMB

Patients with HMB



■ Bleeding Disorder ■ Other/Unknown Cause

Patients Presenting with HMB

- Bleeding history
- Family history
- Ferritin + CBC
- Gynecology referral

LET'S TALK

P E R I  D



HOME

ABOUT

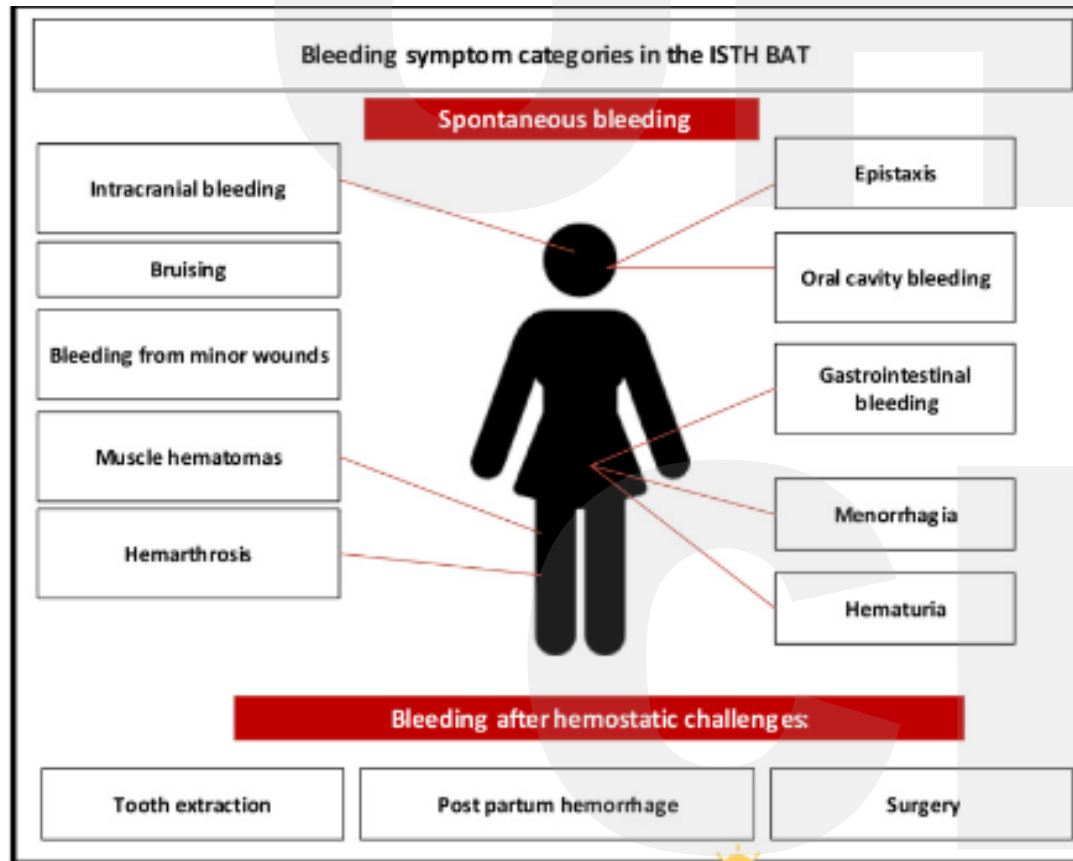
OUR THINKING

SELF-BAT

RESOURCES

www.letstalkperiod.ca

Patients Presenting with “HMB+”



- “Plus”
 - Non-menstrual bleeding
 - Bruising – maybe
 - Family history of inherited bleeding disorder

Patients Presenting with “HMB+”

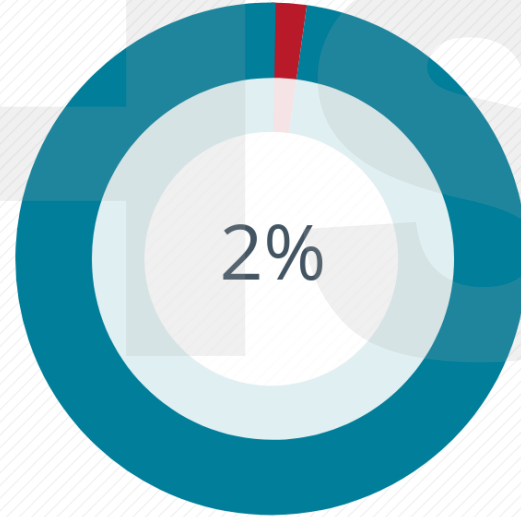
- Consider
 - PT, PTT, fibrinogen
 - Von Willebrand panel
 - Hematology referral
- Remember
 - 1/3 menstruating individuals will have HMB
 - 80-90% will not have a bleeding disorder

WOMEN and bleeding disorders



1 in 10

10% of women with heavy menstrual periods may have a bleeding disorder



women who get tested for bleeding disorders

Von Willebrand Disease (VWD)

Most common bleeding disorder in women

Have questions?
Consult your physician



Frequency of Inherited Bleeding Disorders

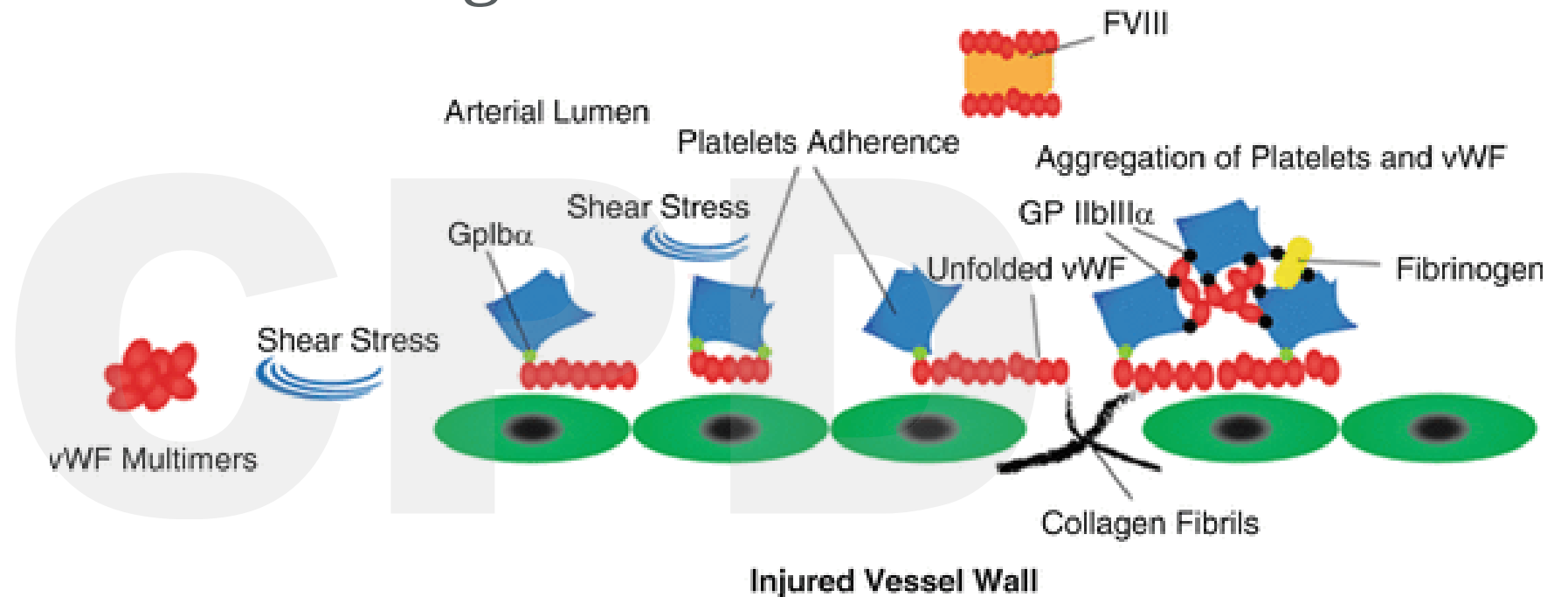
Frequency	Disorders
1/100 (1%)	Von Willebrand disease
1/5,000 (0.02%)	Hemophilia A*
1/50,000 (0.002%)	Hemophilia B*
1/500,000 (0.0002%)	FVII deficiency
1/1,000,000	Fibrinogen disorders, FV deficiency, FX deficiency, FXI deficiency
1/2,000,000	FII deficiency, FXIII deficiency

Frequency of IBDs

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Von Willebrand Disease

- Most common
- Mucocutaneous bleeding
- Trauma-related bleeding



Von Willebrand Disease

01

Type 1

- Quantitative defect
- VW activity 3-49%

02

Type 2

- Qualitative defect
- Over/under function
- Defective interactions (FVIII, platelets)

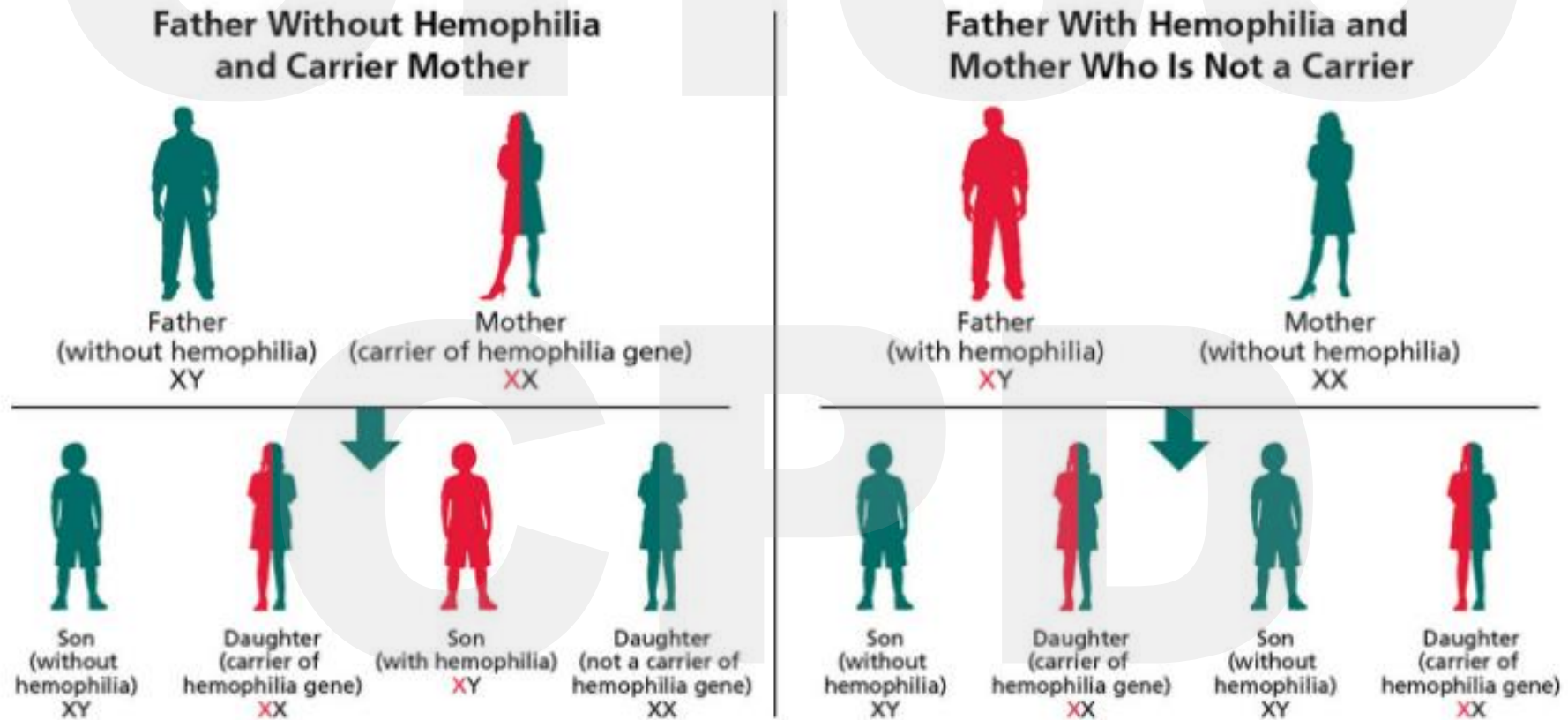
03

Type 3

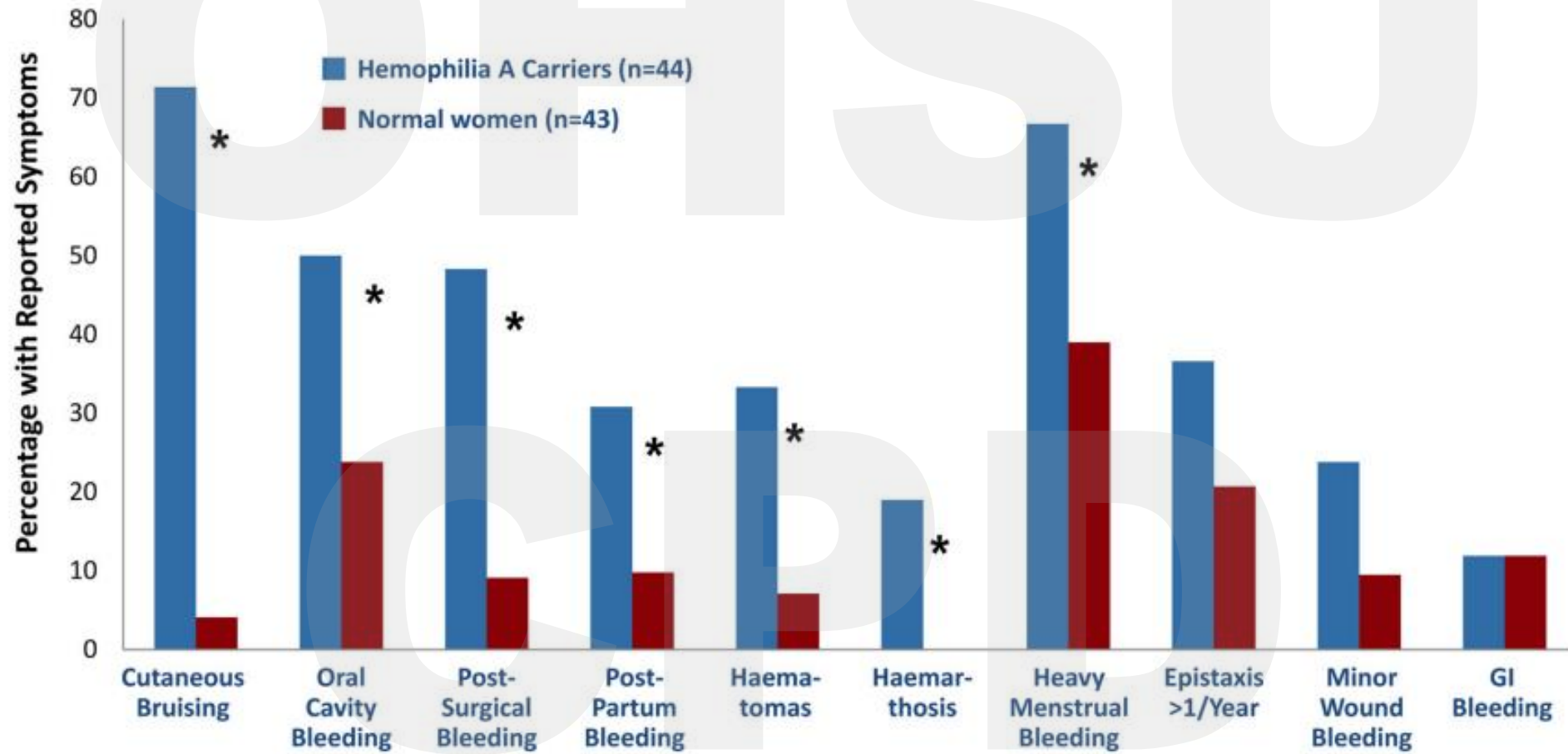
- Absence of VWF

Hemophilia “Carriers”

Figure 1. How hemophilia inherited – hemophilia A and hemophilia B genetics

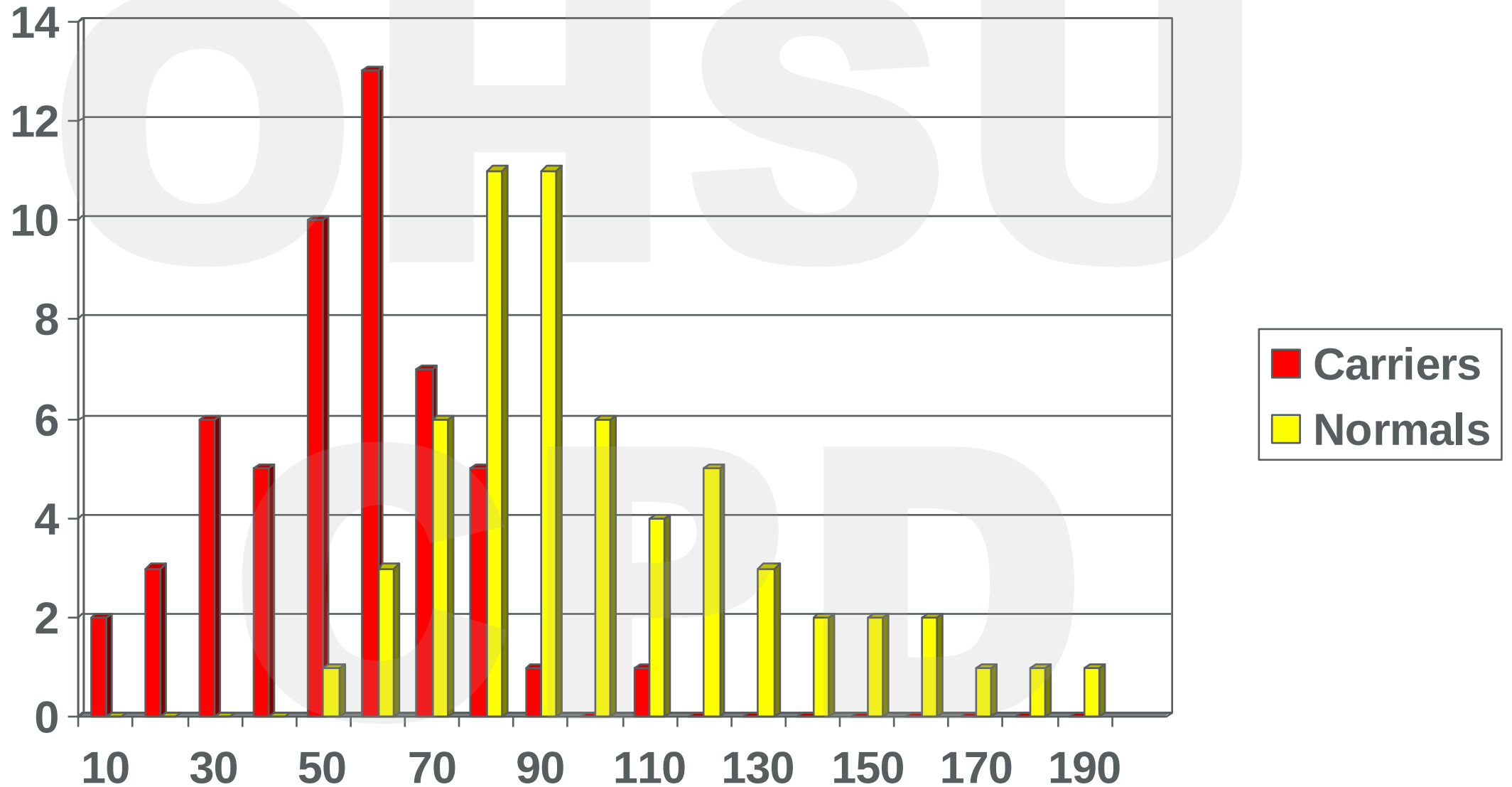


Hemophilia “Carriers”

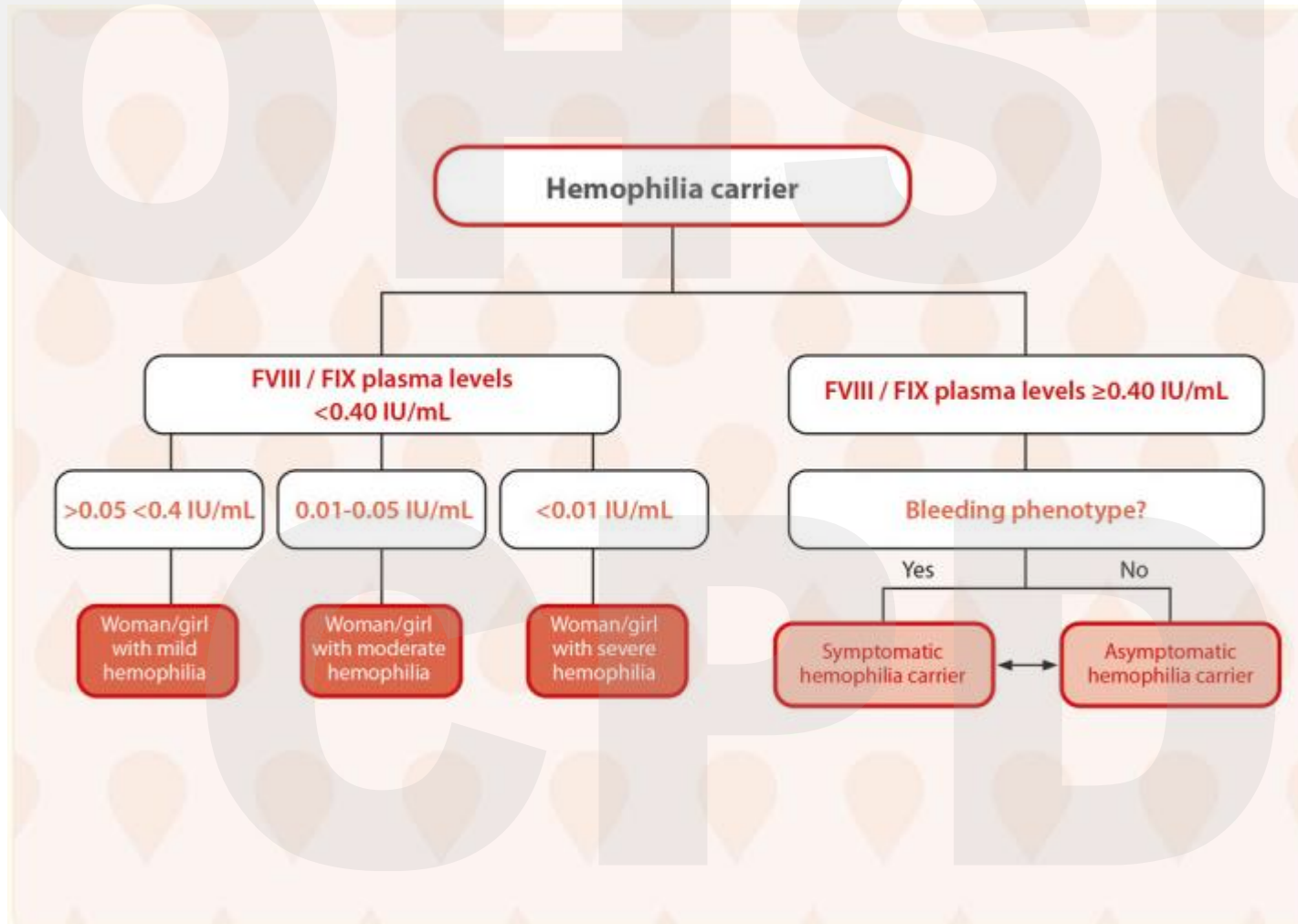


*Fisher's Exact Chi Square p value <0.05

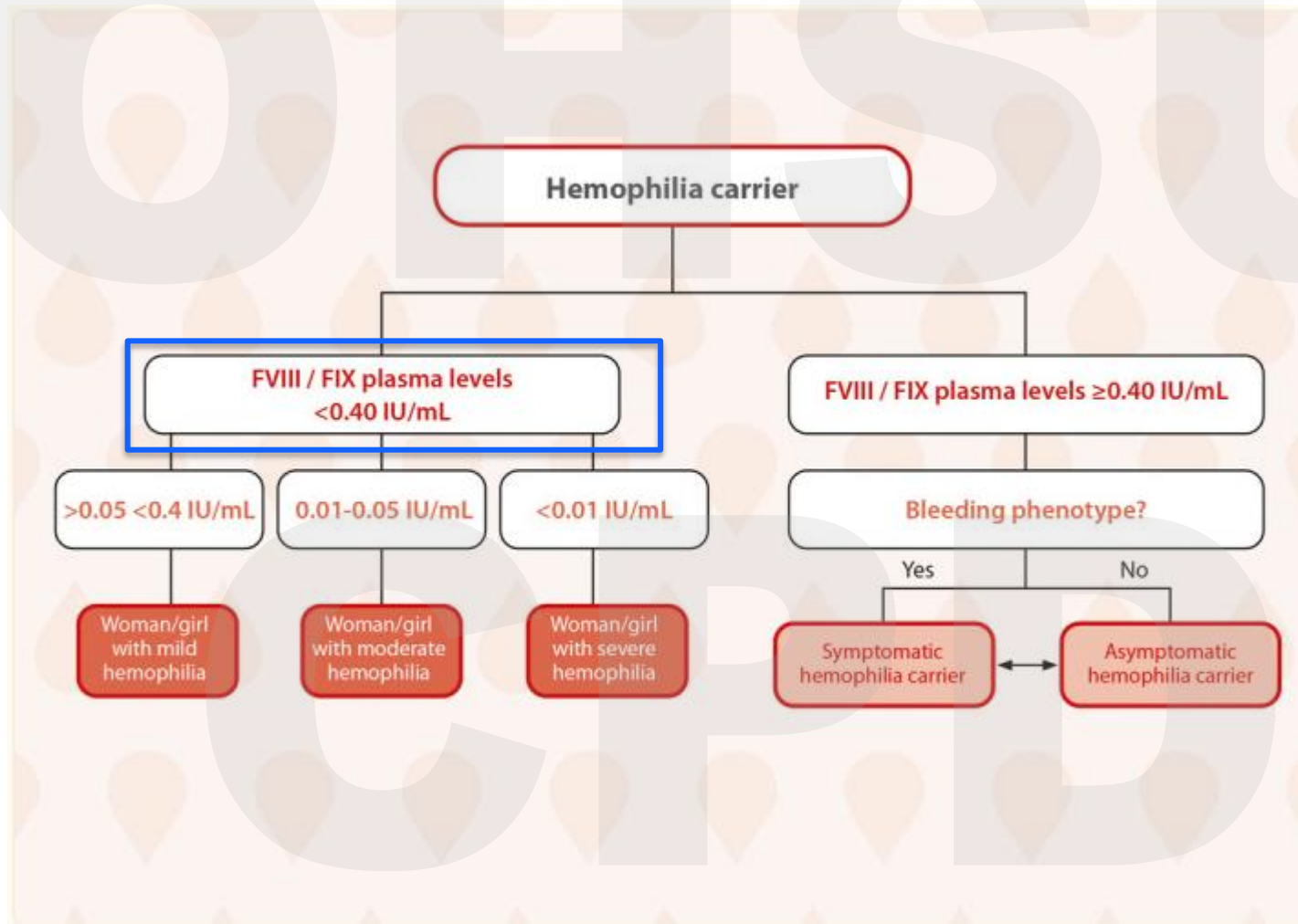
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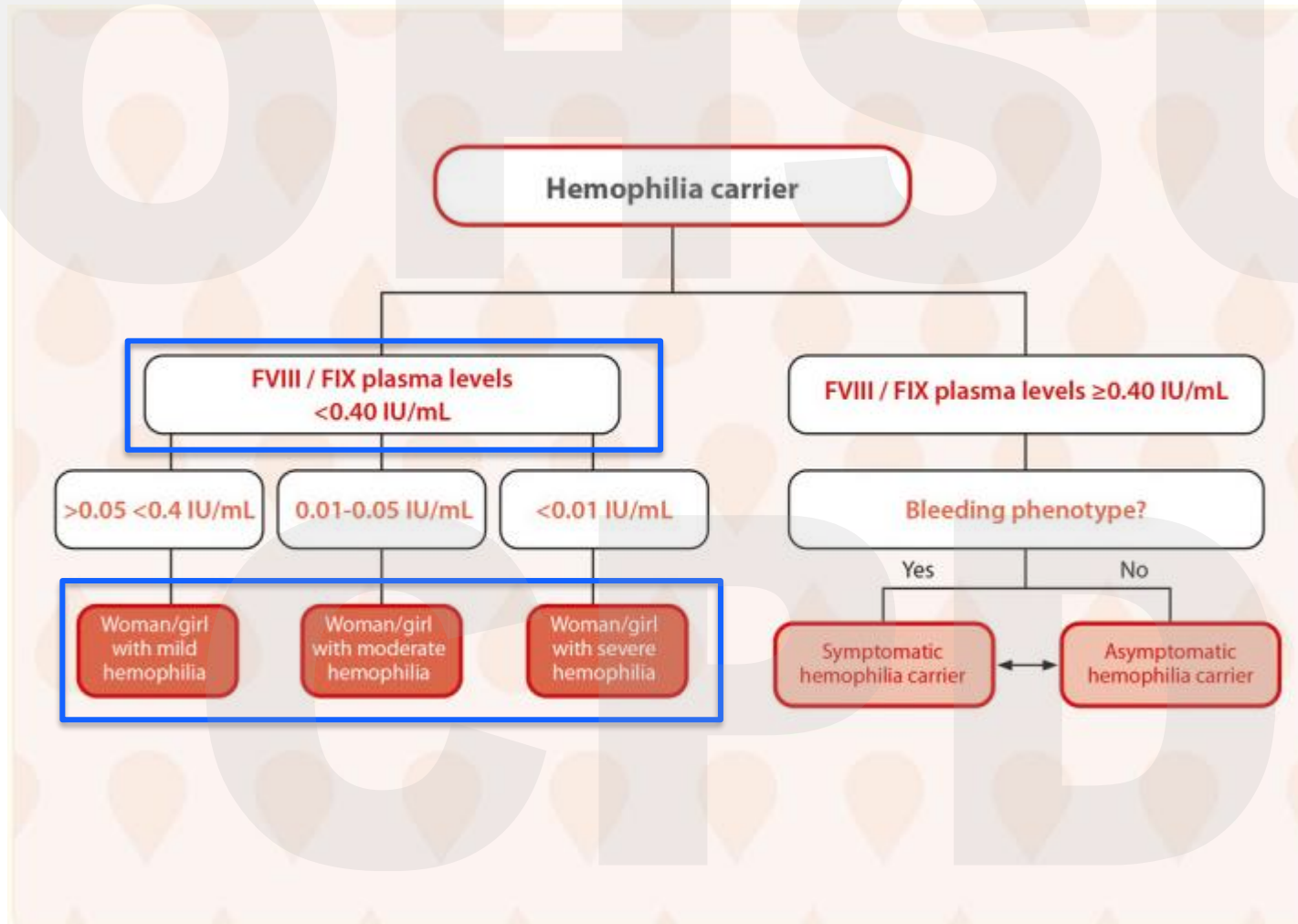
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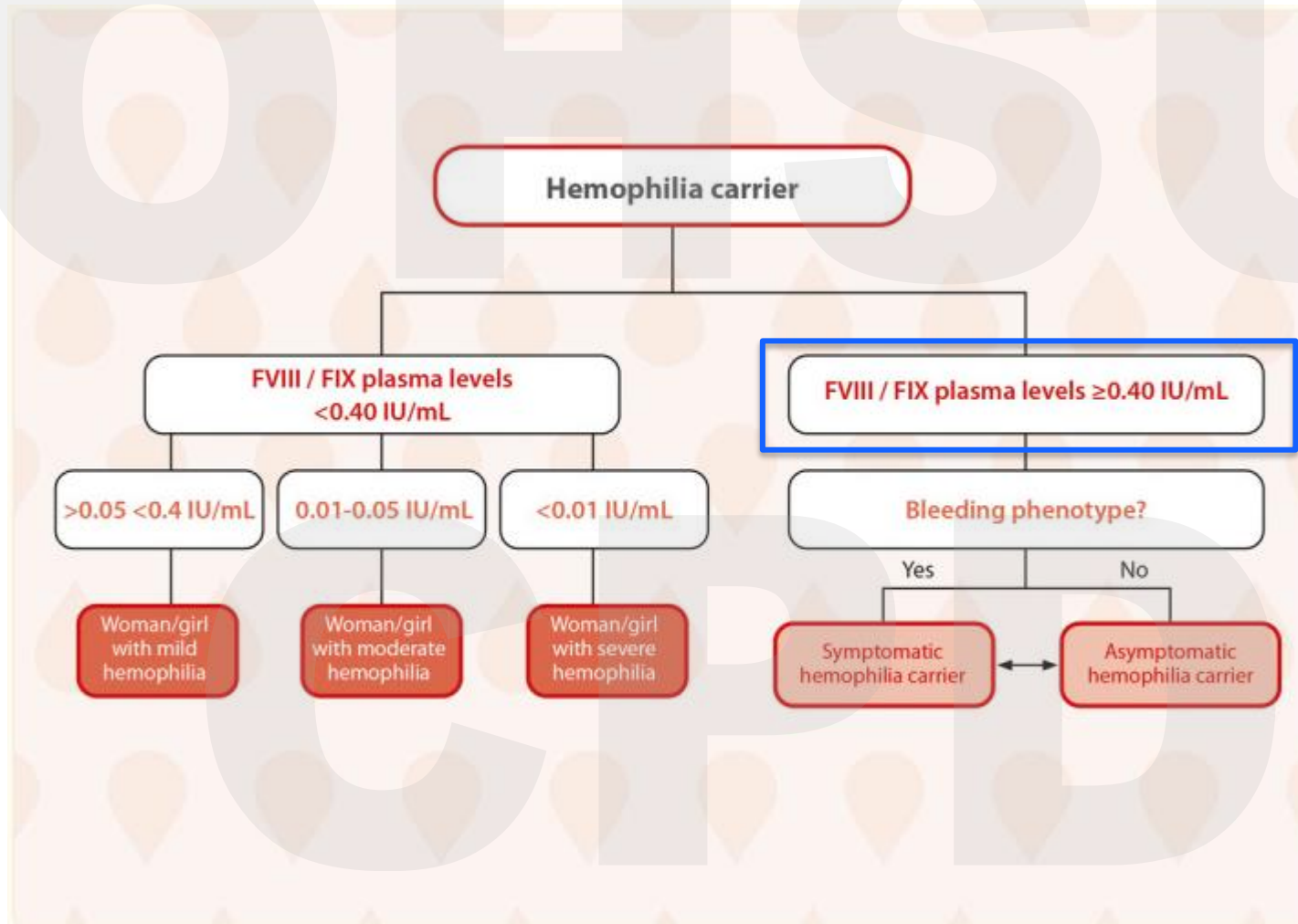
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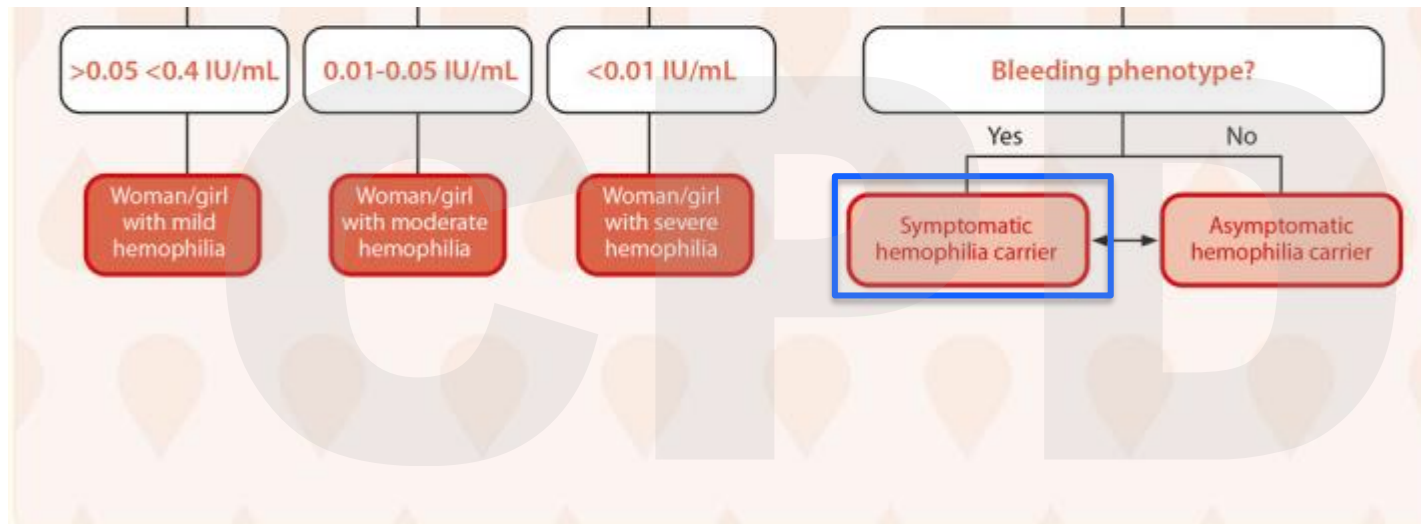
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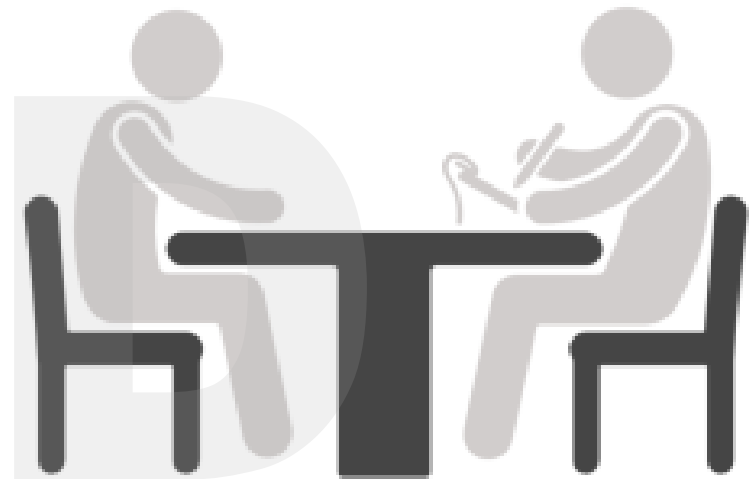


Factor levels $\neq$ Bleeding symptoms

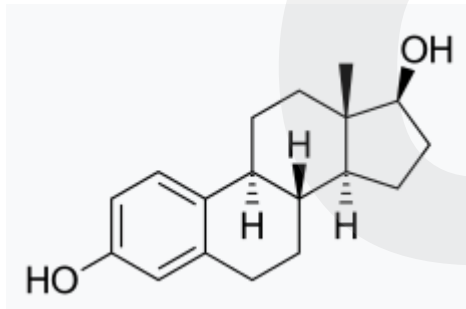


Management of HMB

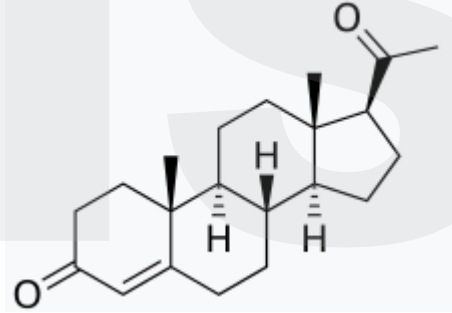
- Hormonal therapy
- Hemostatic agents
- Procedural interventions
- Iron supplementation!



Hormonal Therapies - Combined



Estrogen



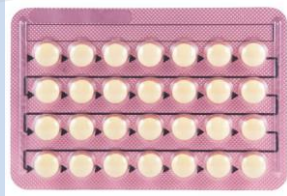
Progestin



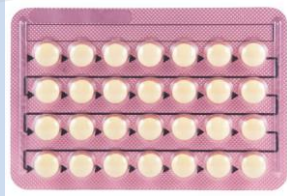
Can be used to skip menses

91% effective

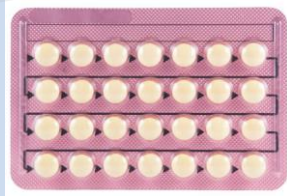
Progestin-Only Therapies

	Levonorgestrel IUS (Mirena®, Liletta®, Skyla®)	Etonogestrel implant (Nexplanon®, Implanon®)	Progesterone only pills	Depomedroxy-progesterone IM (Depo Provera®)
				
Amenorrhea rate	40%	20%	N/A	>50%
Bleeding pattern impact	↓ blood loss, ↑ irregular bleeding (early)	↓ blood loss, ↑ irregular bleeding	↑ irregular bleeding	↓ blood loss, ↑ irregular bleeding (early)
Contraceptive efficacy	>99%	>99%	Low	>95%

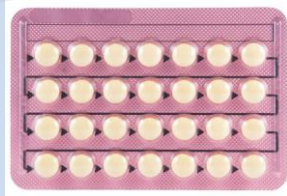
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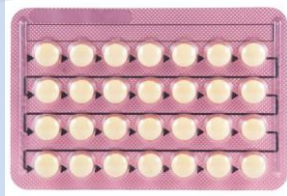
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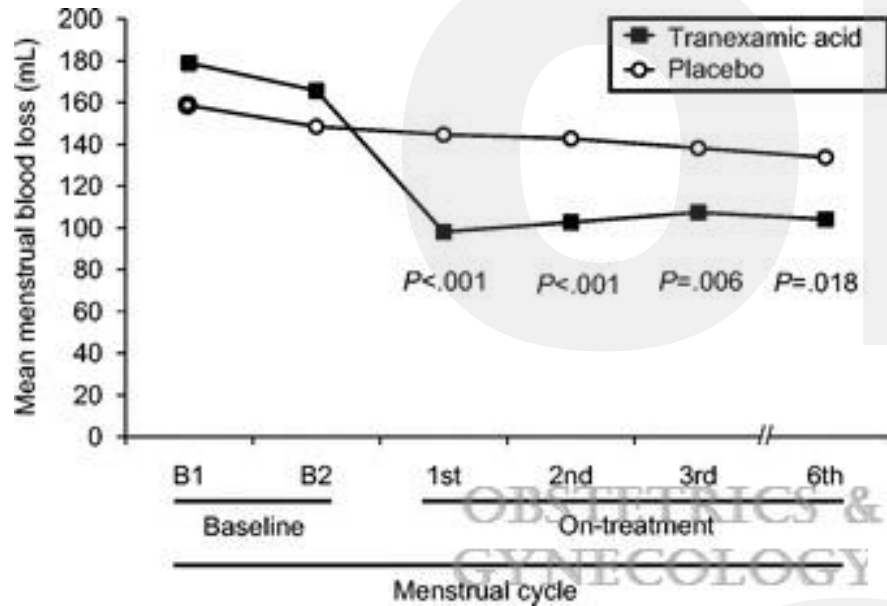
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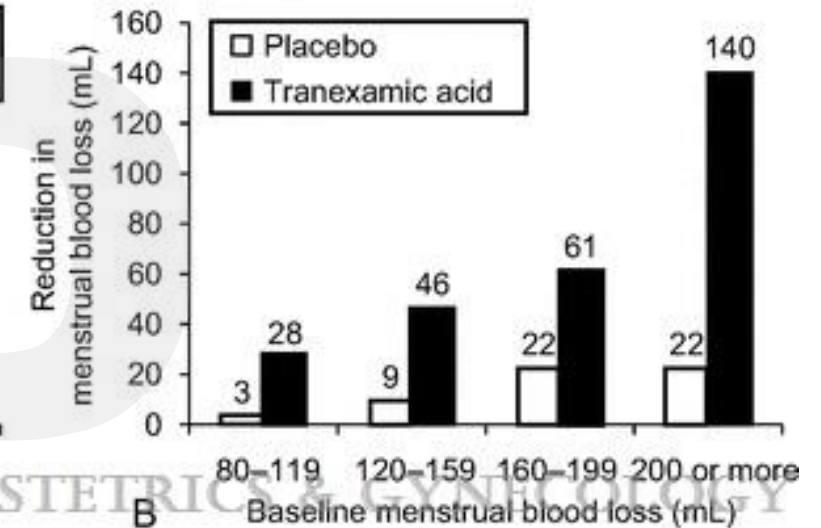
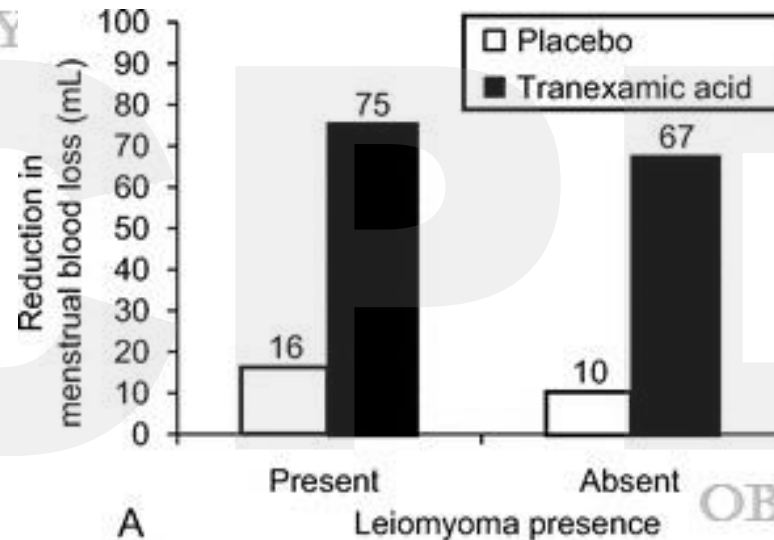
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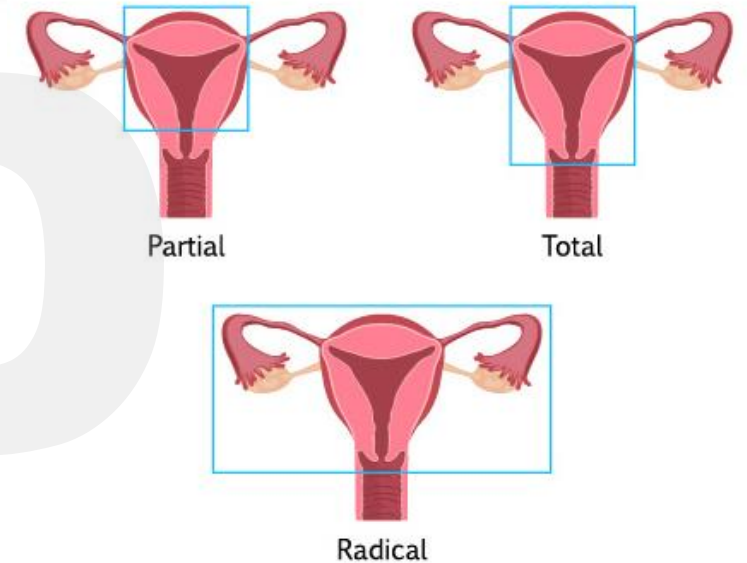
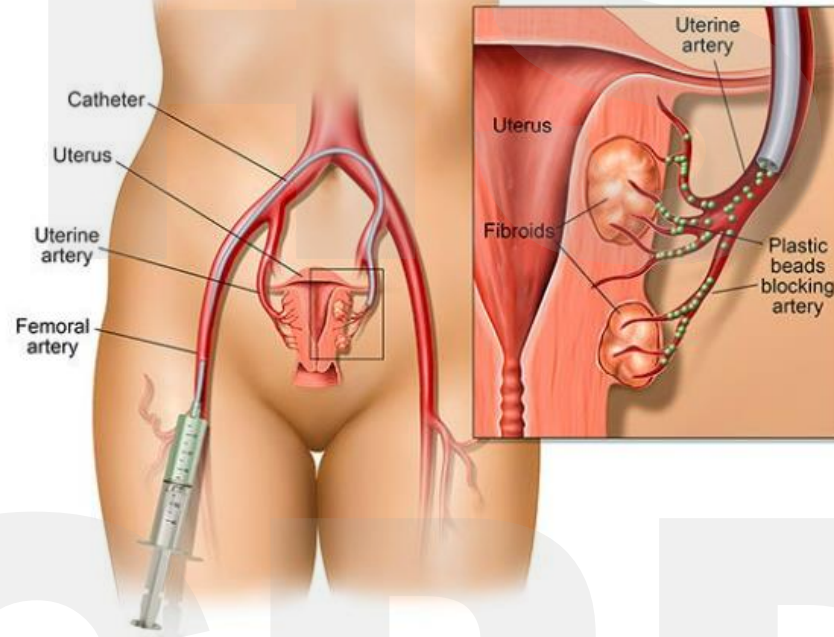
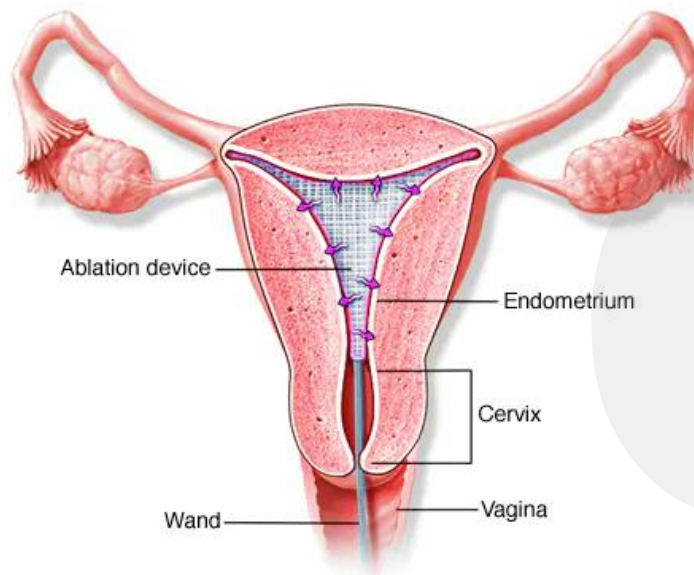
Antifibrinolytics



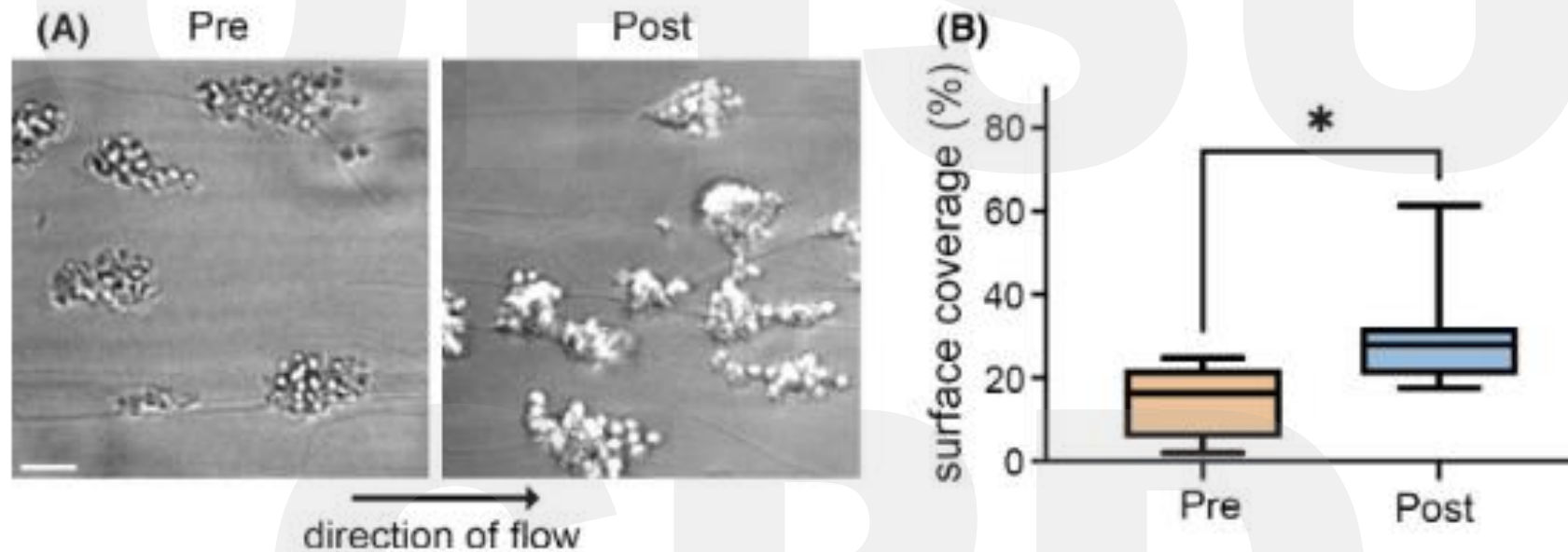
Lukes et al, Obstetrics & Gynecology, 2010



Procedural Therapies



Iron Deficiency & Bleeding



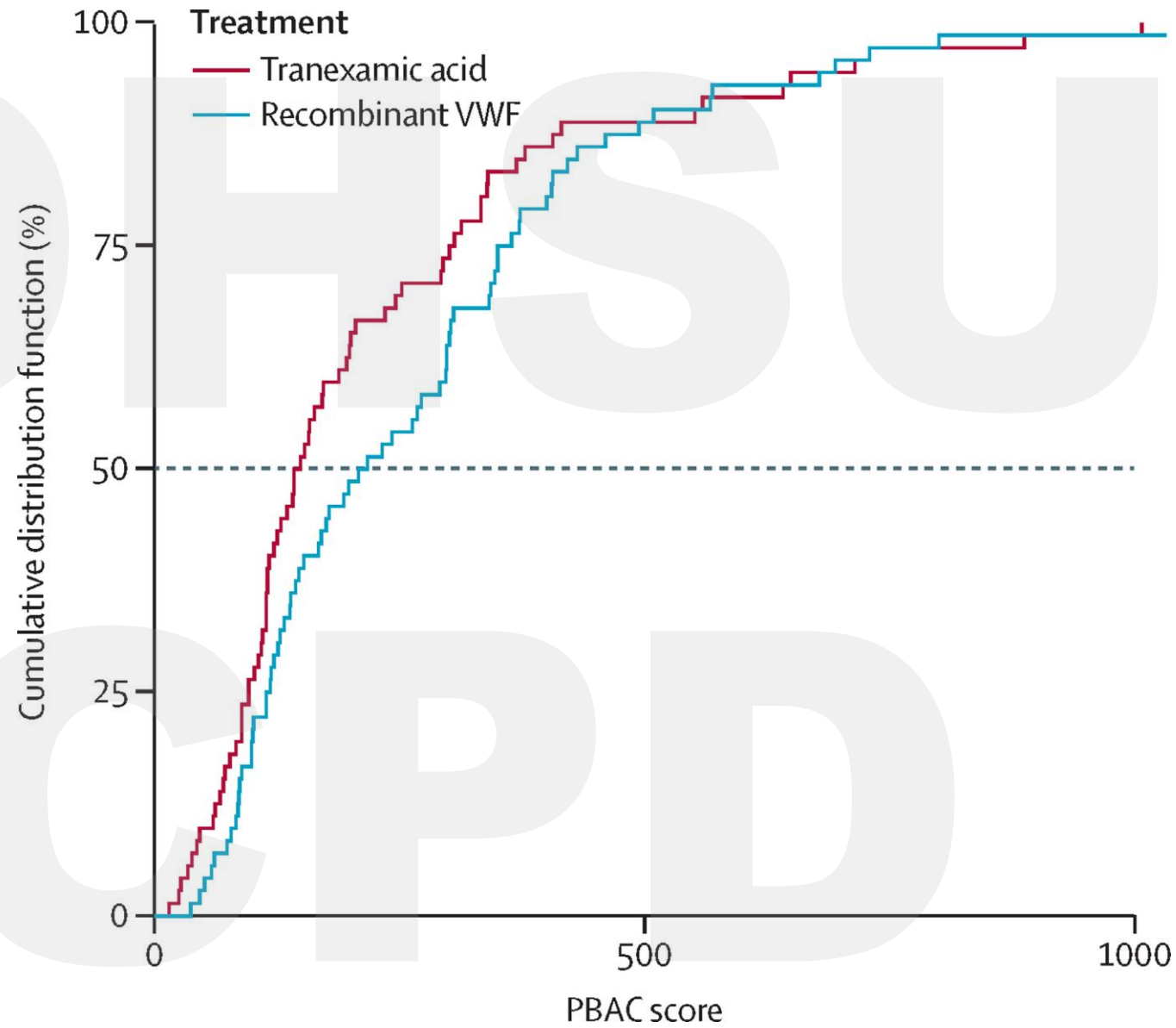
Bleeding Disorder Specific Treatments

OHSU
CPD

Bleeding Disorder Specific Treatments

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VWD Min Study



Ragni et al Lancet
Haematol 2023

Acknowledgments

- NIH K12 HD043488
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- Alyssa Colwill, MD, MCR
- Emma DeLoughery, MD
- OHSU Women's Health Research Unit



National Institutes
of Health



OHSU

Questions?

CPD