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她问 女人每个月都有生理期，要应付“大姨妈”、“好朋友”，我的月经量多，感觉生活质量受影响，避免从事一些活动，如运动等。我想了解，医学上怎样才算是月经量多（Heavy Menstrual Bleeding，简称HMB）？该情况有什么症状？

什么原因导致月经量多，有什么治疗方法？它是否主要影响年轻女性，会影响生育能力吗？生产后，情况会改善吗？请问这有家族遗传因素吗，如母女或姐妹间都有同样问题？长期下来，女性是否会因这个“失血过多”的情况，面对疾病的风险？到了更年期，它对健康又会有何影响？



主要的治疗方法。针对不同的病因，目前已有三大问题；严重的还会出现充血性心力衰竭。女性在此期间，会面对月经量多的女性每月有五至七天生理期。有

纸上谈病

健康有问题？把问题电邮到 zbnow@sph.com.sg，我们请专家帮你解答。请在Subject栏上注明：周刊36.9度C，并附上姓名、年龄、性别及联络方式。



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女性月经量多 不同年龄组导因不一

答 如果在正常的五至七天的生理期间，总月经量超过80毫升，就算是月经量多。

这个问题可影响女性的生理和心理情绪健康，甚至是社交生活和生活质量，有的女性同时也面对痛经或经期不准的情况。

导致因素

基于客观因素，每个人的感受也不同，因此不容易鉴定出多少女性受月经量多的困扰。英国国家优化卫生与保健研究所（NICE）的数据显示，约有4至9%的女性受影响。

导致月经量多的因素很多，包括雌激素（estrogen）与黄体酮（progesterone）的荷尔蒙失调，甲状腺失调，子宫或子宫颈受感染，子宫出现异状等。

服用某些抗炎药物，或抑制凝血的药物，也可能导致月经量多。

月经量多，可影响任何年龄的女

性，但可能较常见于年轻人和更年期前妇女身上。年轻人是因雌激素与黄体酮的荷尔蒙失调，更年期前妇女则可能荷尔蒙失调。此外，后者若出现子宫肌瘤或息肉，引起月经量多的概率也提高了。

常见症状

如果子宫肌瘤导致子宫内膜有异，从而月经量多；也可能影响生育能力，或流产。而生产后，情况并不会因此改善。

一般上，月经量多没有家族遗传因素，但一些子宫肌瘤或有基因遗传缘故，这是可能导致月经量多的。较为罕见的是某些遗传性的血液病，也可能是罪魁祸首。

每月生理期间经流量多，长期下来女性或会出现贫血，觉得疲惫、头晕或气喘，严重者可能出现充血性心力衰竭。月经量多一般不对更年期造成影响。

三大治疗方法

目前，有三大主要的治疗方法。通过药物的途径是服用具消炎和解除疼痛功效的非类固醇消炎药物（Non-Steroidal Anti-Inflammatory Drug，简称NSAID），有医学证据显示其有助减少月经量过多。例如，助凝血的antifibrinolytics，可减少月经量，但可能出现副作用如消化不良和轻微腹泻。

医生也可根据情况，给予口服避孕药（oral contraceptives），使子宫内膜变薄，减少经期流血量。或者，在子宫内放置宫内节育器（IUS），也可达上述效果。

无论是使用口服避孕药或宫内节育器，都可能出现乳房疼痛、水肿和情绪起伏变化的副作用。

其他荷尔蒙如可减少子宫内膜细胞增多的黄体酮（progesterin），也可能导致水肿不适。

如果月经量多是因为子宫异状，如子宫肌瘤（fibroid）、息肉（polyp）等，就可做手术。选哪种手术就根据病人情况而定，如子宫肌瘤切除术（myomectomy）、子宫切除术（hysterectomy）、子宫内膜消融术（endometrial ablation）等。



Translated Summary

Causes of heavy menstrual bleeding differs in women of different ages

By Ng Yi Min

Q: Every woman has to go through her menstrual cycle every month. My menstrual flow is heavy and affects my quality of life, such as how I have to avoid taking part in some activities and exercising. I want to know what is medically defined as heavy menstrual bleeding (HMB), and what are the symptoms? What are the causes and treatment methods as well.

Replies by Dr Natalie Chua, Consultant Obstetrician and Gynaecologist, Parkway East Hospital

A: HMB is defined as menstrual blood loss exceeding 80ml per month during a menstruation of normal duration (5 to 7 days). This condition can interfere with a woman's physical, emotional, social and material quality of life. It can occur either alone or in combination with other symptoms like excessive pain during periods or an irregular menstrual cycle.

Causes of HMB

The subjective nature of HMB makes it difficult to ascertain the true incidence of HMB. The NICE (National Institute of Health and Care Excellence, UK) guidelines report a prevalence of 4-9% in women.

HMB is caused by various factors, such as hormonal imbalance of estrogen and progesterone, dysfunction of the thyroid, infections of the womb or cervix and structural abnormalities of the womb. The intake of certain medication like anti-inflammatory medication or medication that inhibit blood clotting can also cause HMB.

HMB can affect any women young or old though it is more common in the adolescent (where there is an imbalance of estrogen and progesterone) and the peri-menopausal (around menopause) age group. In the older age group, the contribution of structural abnormalities like polyps and fibroids causing HMB is higher.

Common symptoms

If the heavy flow is due to a fibroid causing the lining of the womb to be distorted, it can affect fertility or be a contributing factor in a miscarriage. Menses flow does not reduce after childbirth.

In general, HMB does not run in the family, however, certain structural abnormalities of the womb like fibroids may have a genetic basis and if inherited, may cause HMB. Very rarely, certain types of blood disorders may be inherited and if so, can cause HMB.

Due to the regular and excessive blood loss, over a period of time, the patient may suffer from anaemia. The capacity of the blood to carry oxygen to the cells is reduced leading to fatigue, dizziness and shortness of breath. In severe cases, congestive cardiac failure can occur as the heart has to pump harder and faster just to ensure perfusion to the other vital organs.



Three main types of treatments

There are currently three ways of treating HMB.

There are non-steroidal anti-inflammatory drugs that can prevent inflammation and relieve pain. There is some evidence which shows that they are effective in reducing heavy periods. For example, antifibrinolytics that help blood to clot can reduce bleeding. Side effects include indigestion and diarrhea which are usually mild.

Hormonal preparations such as the oral contraceptive pills (OCs) and an intrauterine system (IUS) can be administered. OCs can suppress the uterus lining and reduce heavy bleeding and at the same offer contraceptive protection.

An IUS is placed in the uterus and releases a small amount of hormones which helps to reduce the lining of the uterus and hence the heavy bleeding. IUS also offers contraceptive protection and is effective for up to 5 years in both contraception and HMB.

The side effects of IUS and the OCs are similar. This includes breast tenderness, water retention and mood changes.

Other hormones also include progestin which can revert the proliferation of the cells of the lining of the womb. This may cause some bloatedness. Hormones that can temporarily induce a menopause state are rarely used these days.

Thirdly, surgical options are available. The type of surgery depends on the nature of the abnormality. E.g. fibroids, polyps. The different modalities of surgery include a myomectomy (removal of fibroids), polypectomy (removal of polyps), hysterectomy (removal of the womb) and endometrial ablation (burning the lining of the womb). As some of these surgeries may affect fertility, treatment must be tailored to the individual needs of the patient.