

# The Physician Learning Program and the Office of Lifelong Learning

## Women's Health in Focus - Part 2

### Abnormal Uterine Bleeding: More Than “Just” a Period

Dr. Sanja Kostov & Dr. Amanda Kim

#### Key Messages

- Abnormal uterine bleeding (AUB), particularly Heavy Menstrual Bleeding (HMB), affects up to one-third of patients of childbearing age.
- It is under recognized and under-treated as many patients normalize symptoms and lack access to straightforward diagnostic pathways.
- The impact extends beyond gynecologic health, contributing to iron deficiency, anemia, fatigue, cognitive impairment, and quality of life.
- Assess for signs and symptoms of anemia. Reminder to tailor your exam depending on skin pigmentation

#### Quantifying Blood Loss

- Excessive menstrual blood loss that interferes with a woman’s quality of life. The key in practice is **functional impairment**.

#### • ASK:

- Do you bleed for more than 7 days a month?
- Do you have 3 or more days of heavier bleeding?
- Do you find periods particularly uncomfortable due to abundance?
- Do you stain clothes at night (or would you without double protection?)

Toilet	Score (ml of blood)	Clots	Score (ml of blood)	Sanitary towels	Type	Score (ml of blood)	Tampon	Type	Score (ml of blood)
	1		1		At daytime	1		Regular	0.5
	2		2		At night	1		Super	1
	3		3		At daytime	2		Super plus	1
					At night	3		Regular	1
					At daytime	3		Super	1.5
					At night	6		Super Plus	2
					At daytime	4		Regular	1.5
					At night	10		Super	3
					At daytime	5		Super Plus	6
					At night	15		Regular	4
								Super	8
								Super Plus	12

Perelló J, Tarruella JR, Calaf J. Heavy menstrual bleeding and its detection in clinical practice. *Medicina Clinica*. 2021; 157(7):32-8. [doi: 10.1016/j.medcli.2021.02.006](https://doi.org/10.1016/j.medcli.2021.02.006)

- Heavy menstrual bleeding, if causing functional impairment or a diagnosable condition like anemia, is pathologic and requires action.
- Tranexamic acid (TXA) is a safe, effective, non-hormonal option to manage heavy bleeding and prevent worsening anemia while investigations are pending.
  - Antithrombotic agent. We recommend avoiding use in patients with history of thrombosis or concomitant use with combined hormonal contraception
  - Dosing 1g TID or up to 1.5g TID for up to 5 days during menses.

#### Identifying the High-Risk Patient: The Role of Excess Estrogen

- Screen for endometrial cancer risk factors which are often related to unopposed estrogen exposure
  - Obesity (BMI >30)
  - Polycystic Ovarian Syndrome (PCOS)
  - Irregular or anovulatory cycles (<24 or >38 days)
  - Nulliparity (never given birth)
  - Early menarche (<12)/ Late menopause (>55)
  - Diabetes,
  - Tamoxifen use
  - Lynch Syndrome
- In pre-menopausal patients with risk factors for excess estrogen, actively screen for endometrial hyperplasia and cancer.
- **A Pap test is NOT a screening tool for endometrial or ovarian cancer.** Educate your patients as many patients believe it is a screen for all gynecologic cancers

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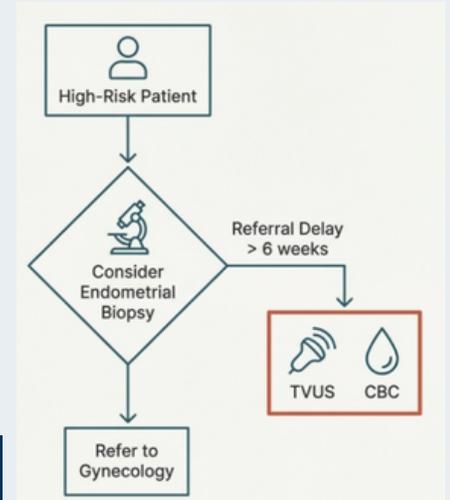
## Endometrial Sampling

### When to sample

- Patients >40 with AUB
- Patients <40 with significant risk factors and AUB
- Failed medical management or persistent intermenstrual bleeding

### What to do:

- Perform endometrial biopsy if you have skillset
- Refer a family physician or gynecologist for sampling.
- If referral will take >6 weeks, order a transvaginal ultrasound and CBC in the interim to assess endometrial thickness and anemia



**In patients with AUB and endometrial cancer risk factors, perform or refer for endometrial sampling. DO NOT DELAY investigation.**

- Atypical endometrial hyperplasia is a precursor to cancer.
- **Up to 40%** of patients with atypical hyperplasia on biopsy are found to have a concurrent endometrial cancer at hysterectomy.
  - **Urgent referral to gynecology or gyne-oncology is mandatory.**

## Resources for your practice and your patients

### For Providers

- Provincial Adult AUB Primary Care Clinical Pathway:**  
<https://www.albertahealthservices.ca/assets/info/aph/if-aph-prov-abnormal-uterine-bleeding-primary-care-pathway.pdf>
- SOGC Clinical Practice Guideline No. 292:**  
[https://www.jogc.com/article/S1701-2163\(18\)30117-8/abstract](https://www.jogc.com/article/S1701-2163(18)30117-8/abstract)
- Choosing Wisely Canada - SOGC Recommendations:**  
<https://choosingwiselycanada.org/recommendation/obstetrics-and-gynaecology/>

### For Patients

- MyHealth Alberta - Abnormal Uterine Bleeding:**  
A patient-friendly overview of causes, symptoms, and treatments.  
<https://myhealth.alberta.ca/Health/pages/conditions.aspx?hwid=aa76597>
- MyHealth Alberta - AUB Patient Pathway:**  
A patient-friendly guide to managing AUB.  
<https://myhealth.alberta.ca/HealthTopics/abnormal-uterine-bleeding-pathway/Documents/abnormal-uterine-bleeding-pathway.pdf>
- Printable Menstrual Diary:**  
A tool to help patients track symptoms and bleeding patterns.  
<https://myhealth.alberta.ca/Health/pages/conditions.aspx?hwid=aa151402>



Consider using **MyL3Plan**, a free online tool developed by the Office of Lifelong Learning (L3) that can be used to meet and support the 3 activities/action plans required by the PPIP-CPSA and earn up to 36 Mainpro+ certified credits.

[Learn more here!](#)