**Valuable insights into caring for women with heavy menstrual bleeding**

Heavy menstrual bleeding (HMB) is a common problem for women, but that doesn’t make it necessarily bearable. Its symptoms can be debilitating. Significant research by Professor Joe Kai and a multi-disciplinary team at the University of Nottingham, the University of Birmingham, UK, has provided invaluable insight into treatments for HMB and the critical role of the primary care physician.

It's estimated that as many as one in four premenopausal women suffer from heavy menstrual bleeding (HMB). Also known as menorrhagia, it is a chronic condition characterised by abnormally heavy or prolonged bleeding. While some cases have a physical cause, such as fibroids (benign uterine tumours) most do not. Common though the condition may be, that doesn't make it necessarily bearable. HMB not only poses a significant health risk but also interferes with a woman's physical, emotional, social, and material quality of life. Unfortunately, given cultural sensitivities around menstruation in general, little is done to make women aware of the condition and that treatments are available. A significant long-term study by the University of Nottingham in the UK is helping to change that.

**THE ECLIPSE TRIAL**

The LNG-IUS is a T-shaped plastic device containing levonorgestrel, a hormone similar to progesterone. Levonorgestrel works by thickening the mucus at the cervix to prevent sperm from entering the uterus; it also thins the lining of the uterus to prevent pregnancy from developing. Importantly for the research, an LNG-IUS can be fitted by a primary care physician and, depending on the brand, can be left in place for up to three cycles to treatment with levonorgestrel-releasing intrauterine system, or LNG-IUS – reduced menstrual blood loss. However, before he and fellow primary health care physicians could confidently recommend it as a treatment, there would have to be a more extensive study. So, he helped design one.

The result is the ECLIPSE (effectiveness and cost-effectiveness of levonorgestrel-containing intrauterine system in primary care against standard treatment for menorrhagia) trial. It has fundamentally changed our understanding of HMB and how women deal with it. It has also provided clarity on what GPs can do to help them. Importantly, ten years after the initiation of the trial, Kai and his team are still learning from it.

**THE FOLLOW-UP STUDIES**

Ten years after the initiation of the ECLIPSE trial, Kai led a team of researchers from the University of Nottingham, including Professor Jane Daniels, Dr Yana Vinogradova, Brittany Daniels, and Nicholas Hilken, and researchers from the University of Birmingham, in a follow-up study. Of those who used the LNG-IUS and those given other treatments. However, those initially treated with the LNG-IUS were slightly less likely to need surgical intervention than those on standard medical treatments. 30% of those treated with the LNG-IUS were still using one after ten years.

The follow-up questionnaires produced reams of valuable data, but some of the most profound insights came when the researchers also sat down to talk with some of the participants about their long-term experiences with HMB and the LNG-IUS. For Kai and his team, the results of the ECLIPSE trial strengthened the case for using the LNG-IUS to reduce HMB, but also showed the benefits of other available treatments. However, the full value of the research was yet to be realised. The ‘responders’, as they were called, agreed that, overall, they felt their quality of life had improved thanks to the treatments they received. No significant statistical difference existed between those who used the LNG-IUS and those given other treatments. However, those initially treated with the LNG-IUS were slightly less likely to need surgical intervention than those on standard medical treatments. 30% of those treated with the LNG-IUS were still using one after ten years.

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The treatments helped boost the women’s confidence and general psychological and physical wellbeing.
The respondents had normalised their experience – a probable outcome of societal taboos about menstruation and a general lack of awareness about the condition.

The qualitative study helped shine a light on just how debilitating HMB can be. The respondents described the flooding and unpleasant release of blood clots and the lengths they would go to manage or conceal their blood loss, even avoiding any forms of social interaction. They explained HMB’s significant impacts on intimate relationships – the decreased libido and prolonged bleeding preventing sexual activity, sometimes permanently damaging relationships.

Beyond the physical disruption to their lives were HMB’s psychological and emotional impacts – this was largely unrealised before the study. The effects on their working lives could be far-reaching. Respondents spoke of the embarrassment and stigma of the condition and feeling the pressure to conceal their menstruation, the inability to explain and discuss the condition to work colleagues and senior management.

THE ROLE OF THE PRIMARY CARE PHYSICIAN
Kai identified the essential role of the primary care physician in framing the respondents’ experiences. Those whose GPs were informed and supportive helped women understand the condition; some had GPs who were more dismissive, suggesting HMB was normal, ‘nothing to worry about’ or not a legitimate problem, or who failed to understand the emotional and psychological impact HMB had on their lives. The study showed the importance of sharing information and the value of joint decision-making with patients – of evaluating what would be best for them as individuals.

The study participants also had valuable recommendations for future primary care: the importance of raising awareness of HMB. They suggested more comprehensive initiatives to get people talking about the condition – at schools, in the media, and in the workplace. This would not only reduce stigma but also encourage women to seek help.

The initial five-year ECLIPSE study, the ten-year follow-up data study, and the qualitative assessment of the participants’ experiences have produced invaluable insight into the impacts of a common and debilitating condition that affects so many women around the world. It’s a condition where the primary care physician is at the forefront. We now know they have a range of treatments to offer that work, but more importantly, that showing compassion, understanding, and sharing information are critical components of their care.