

Patient information from the BMJ Group

Heavy periods

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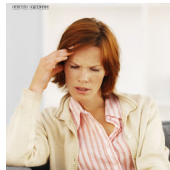
Heavy periods

Heavy periods can make you feel miserable. The good news is that there are several medicines that work well. And if drugs don't help, surgery might be an option.

We've brought together the best research about heavy periods and weighed up the evidence about how to treat them. You can use our information to talk to your doctor and decide which treatments are best for you.

What are heavy periods?

Heavy periods are not usually a sign of anything serious. But they can disrupt your life and make you feel miserable. You may worry about having an 'accident' and missing out on social events or sport.



Heavy periods can make you feel miserable.

Doctors call heavy periods **menorrhagia**.

There are plenty of treatments for heavy periods, including drugs and surgery. What you choose may depend on your age, whether you want to have children, what's causing your heavy periods, and just how much your periods affect your life.

Key points for women with heavy periods

- It can be hard to judge whether your periods are unusually heavy. Signs include having to change your pad or tampon every hour or two, needing to wear both types of protection, getting up at night to change your pad or tampon, and having 'floods' (sudden flows of blood that soak your pad or clothes).
- Heavy periods don't necessarily mean there's anything seriously wrong.

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- But if you have bleeding between your periods you should see your doctor. To learn more, see [Irregular bleeding](#) .
- Heavy periods can be treated with drugs or surgery.

What is a normal period?

Your periods start at **puberty** and finish at the **menopause** . They are part of your monthly cycle (**menstrual cycle**). Your menstrual cycle is controlled by your **hormones** .

Here's what happens every month.

- Hormones make the lining of your womb (your endometrium) thicker and softer, so it's ready for pregnancy.
- If you don't become pregnant, your hormone levels start to drop.
- This drop in hormones causes your womb lining to swell.
- The extra blood and tissue that made your womb lining thicker come away. This is your period.
- You lose about seven to eight teaspoonfuls of blood during a normal period (35 millilitres to 40 millilitres).^[5] ^[6]
- You usually lose most blood in the first few days of your period, and less in the last day or two.^[6]

The menstrual cycle usually lasts about 28 days, but it can be shorter or longer. To learn more, see [What happens every month](#) .

You may also want to learn more about your **reproductive system**. These are the parts of the body that help you get pregnant. See [Your reproductive system](#) .

What happens with heavy periods?

During a heavy period, you may lose about twice as much blood as normal. That's around 16 teaspoonfuls (80 millilitres). Some women lose even more.

But it's not easy to measure exactly how much blood you lose during your period. Your doctor will probably make a diagnosis from what you say about your periods rather than by measuring how much blood you actually lose.^[7] To learn more, see [How do doctors diagnose heavy periods?](#)

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What causes heavy periods?

There are many possible reasons why your periods are heavy.

- An imbalance in your hormones: This is most common in teenagers who have just started their periods and in women who are near the menopause.
- Fibroids: These are large growths in the womb lining. They aren't cancer, and they're not harmful. Fibroids bleed just like your womb lining, so they can make periods heavy.^[8]
- A chemical imbalance: Prostaglandins are chemicals that control the muscles in your womb. They can also make blood vessels wider or narrower. An imbalance of prostaglandins can cause heavy bleeding.^[8]

Heavy periods: why me?

Some women are more likely to get heavy periods than others. This is because they have certain risk factors.

Risk factors are things that increase your chances of getting a condition. But if you have a risk factor for heavy periods, it doesn't mean you'll definitely get them. It just means you're more likely to get them.

- Getting older seems to be the most important risk factor for heavy periods. About 1 in 4 women aged 41 to 49 have heavy periods. They are also quite common in young teenagers when they first start getting their periods.
- Heavy periods can also run in families. If your mother had (or has) heavy periods, this increases your chance of having them too.

To learn more, see [Risk factors for heavy periods](#) .

What are the symptoms of heavy periods?

The main symptom is bleeding a lot during your periods. You may also have 'flooding' (you suddenly lose a lot of blood, which soaks your pad or clothes).

You may find it hard to judge whether your periods are heavier than normal. Even talking to friends about it may not help. Women often have different ideas about what it means to have heavy periods.

Here's a list of things that may mean your periods are heavy.^[13]

- You use more than nine pads or tampons on your heaviest days.
- You have to wear both a tampon and a pad (double protection).

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- Your period lasts more than six days.
- You have to get up at night to change your protection.
- You pass clots of blood.
- You stain your bedding or clothes despite wearing tampons and pads.
- You stay at home during your period because you are worried about having an 'accident'.
- You feel tired, especially during your period. This could mean your body is low on iron. Doctors call this anaemia. It happens when your body is not able to make enough new red blood cells to make up for blood you lost during your period. Your doctor can find out if you have anaemia by testing a sample of your blood. If your red cell count is low, you may need treatment, such as iron tablets, to help you make more red cells.

How do doctors diagnose heavy periods?

If you think your periods are too heavy, your doctor can probably help you.

If you do have heavy periods, your doctor may try to find out why. Knowing the cause can help you decide on the best treatment.

Seeing your doctor

When you go to your doctor, he or she will probably: ^[1]

- Ask you about your periods
- Examine you
- Suggest some tests. Sometimes women with heavy periods need to be referred to a hospital specialist.

Questions your doctor may ask

- Do you need to wear tampons and pads at the same time to handle the blood loss?
- Do you have to get up in the night to change your protection?
- Do you bleed into your bedding while you are asleep, despite wearing tampons and pads?
- Do you have 'floods' (sudden, heavy flows of blood that soak your underwear and possibly your clothes)?

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- How long do your periods last?
- Do you pass clots of blood during your period?
- Do you stay at home during your periods because you are worried that you won't get to a toilet in time to change your tampon or pad when you are out?
- What other effects do your periods have on your life? For example, how do they affect your work, family, and social life?
- How long have you had these symptoms?

By asking questions like these, your doctor can get an idea of how heavy your periods are and how much they are disrupting your life. Guidelines for doctors say that doctors shouldn't decide whether heavy periods are a problem just by measuring the amount of blood lost. Instead, they should rely on what women say about their periods. ^[1]

Examining you

Your doctor may need to examine you or do some tests. This may depend on whether your periods are regular (the number of days between your periods is about the same each time) or irregular (the number of days varies a lot).

Your doctor may give you:

- **A pelvic examination:** Your doctor may feel your abdomen and do a vaginal examination to check for growths (called **fibroids**). This shouldn't hurt, but may be slightly uncomfortable.
- **A cervical smear test:** This test can be uncomfortable and slightly painful, but it takes only a minute or two. You lie down on your back with your knees up and apart. A doctor or nurse holds your vagina open with an instrument called a **speculum**. He or she then scrapes some cells from the neck of the womb (**cervix**). The cells are sent to a laboratory to be looked at under a microscope. Doctors use the smear to check for infections of the cervix and changes in cells that could become cancerous if they're not treated.

Blood test

If your periods are heavy but regular, with no bleeding in-between, your doctor will probably recommend a blood test. This is to check that you have a normal number of **red** and **white blood cells** and **platelets** in your blood. If you lose a lot of blood during your period, you can get a condition called **anaemia**. Anaemia is caused by a lack of red blood cells, and it can make you feel tired and weak. You may need treatment, such as iron tablets, to help you make more red cells.

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Seeing a specialist

Your doctor may decide to refer you to see a hospital specialist. This is most likely to happen if: ^[1]

- Your bleeding is irregular. To read more, see [Irregular bleeding](#)
- You might have a condition that affects your reproductive system or a disease in another part of your body
- The medicines prescribed by your doctor haven't helped you
- You are thinking about having an operation to treat your heavy periods.

How quickly you will be seen by a specialist will depend on what your doctor thinks the problem is.

How common are heavy periods?

It's difficult to say how common heavy periods are because many women don't see their doctor about them.

- About one-third of women describe their periods as heavy. ^[14]
- Each year, 5 in 100 women aged between 30 and 49 go to their doctor with heavy periods. ^[15]
- About 1 in 5 women in the UK have their womb removed before they are 60. This operation is called a [hysterectomy](#). Heavy periods are the reason for at least half of these operations. ^{[7] [16]}

What treatments work for heavy periods?

A heavy period can be more than just an inconvenience. It can disrupt your life and stop you from doing things. If you've had heavy periods for three months or more, you may want to get help from your doctor. There are plenty of treatments to try, including drugs and surgery.

Key points about treating heavy periods

- Tranexamic acid (Cyklokapron) is the best drug treatment for heavy periods.
- But if your periods are heavy and painful, nonsteroidal anti-inflammatory drugs (NSAIDs) may be a better option. NSAIDs can reduce your pain as well as your blood flow.

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- You may want to try having a coil fitted that gradually releases the hormone progestogen. It is also a contraceptive. For some women, this stops their periods completely after about 12 months.
- An operation to remove the lining of your womb can make your periods lighter. Some women's periods stop altogether.
- Thinning your womb lining with drugs before this operation will make the surgery easier and the results better.
- The only way to be sure that your periods stop completely is to have an operation to remove your womb (a **hysterectomy**). But this is a major operation. You'll probably want to try other treatments first.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, has published guidelines for doctors on how heavy periods should be treated. You can download a PDF explaining these guidelines from the NICE website (<http://www.nice.org.uk/CG044>).

Which treatments work best? We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding which treatment is best for you, see How to use medical research to support your treatment decisions.

Treatment Group 1

Treatments for heavy periods

Treatments that work

- [Tranexamic acid](#) : This drug reduces heavy bleeding. The brand name is Cyklokapron. [More...](#)
- [Nonsteroidal anti-inflammatory drugs \(NSAIDs\)](#) : These drugs can lighten your blood flow and help with any pain you get during your period. Mefenamic acid (brand name Ponstan) is the NSAID most often used to treat heavy periods. Other NSAIDs (and their brand names) include ibuprofen and naproxen (Arthroxen, Naprosyn). [More...](#)
- [Hysterectomy](#) : This is an operation to remove your womb. Doctors usually recommend a hysterectomy only if other treatments don't work. [More...](#)
- [Thinning the womb lining before surgery to remove it](#) : This involves thinning the lining of your womb with drugs so that it is easier to remove during surgery. [More...](#)

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Treatments that are likely to work

- [Having a coil \(Mirena\) fitted](#) : This is an intrauterine device, or IUD. It gradually releases the hormone progestogen in your womb. It is also a contraceptive. [More...](#)
- [Removing the womb lining](#) : This is an operation to take away the lining of your womb. The operation is usually done only if drugs don't reduce your bleeding. [More...](#)

Treatments that work, but whose harms may outweigh benefits

- [Danazol](#) : This drug reduces bleeding by shrinking the lining of your womb. The brand name is Danol. [More...](#)

Treatments that need further study

- [The combined contraceptive pill](#) : The pill contains hormones that may reduce the build up of blood in the lining of your womb. There are lots of different brands. [More...](#)
- [D and C \(dilatation and curettage\)](#) : This is a small operation that scrapes out the lining of your womb. It is usually done to help your doctor diagnose what is wrong. [More...](#)
- [Etamsylate \(Dicyclic\)](#) : This drug may make the blood vessels in the lining of your womb less likely to bleed. [More...](#)
- [Surgery to remove fibroids](#) : This operation is called a myomectomy. It is usually done if you don't want an operation to remove your womb or its lining because you still want to have children. [More...](#)
- [Hormone injections](#) : These contain a drug called a gonadotrophin-releasing hormone analogue (GnRH analogue). Hormone injections thin the lining of the womb so that there is less tissue and blood to come away during a period. Examples of these drugs (and their brand names) are goserelin (Zoladex), triptorelin (Decapeptyl), and leuprorelin (Prostap). [More...](#)

Treatments that are unlikely to work

- [Progestogen tablets](#) : These are a type of hormone tablet you take each month. The aim is to reduce heavy periods by keeping the lining of your womb from getting thick before your period. They're normally used as an emergency rather than a long-term treatment. The tablet used for heavy periods is called medroxyprogesterone (brand name Provera). [More...](#)

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What will happen to me?

Heavy periods are not usually a sign of anything serious. But they can make life miserable if you don't get treatment. Some women find heavy periods can affect their day-to-day activities.

- You may need to take time off work or miss social events when you have your period.
- You may not feel confident about playing sport or going swimming.
- If your periods are very heavy, you may prefer to stay at home to avoid an 'accident'.
- Losing a lot of blood can make you feel tired and weak because your body doesn't have enough **red blood cells**. Doctors call this condition **anaemia**. You may need treatment, such as iron tablets, to help you make more red cells.

Often, periods are heavy for only a short time. For example, they may be heavy at **puberty** or in the year or so before the **menopause**.

If you're approaching the menopause, you may not want to do anything about your heavy bleeding because you know your periods will stop soon. Or you may not want to seek help for what you see as a natural part of your life. The choice is yours.

But if your periods are heavy for more than a few months and they're making your life miserable, you may want to get help from your doctor.

What happens next will depend on which treatment you decide to use. It's your decision, and it's worth finding out all you can about the pros and cons of each treatment. To read more, see [What treatments work for heavy periods?](#)

Your choice of treatment may depend on:

- How old you are
- What's causing your heavy periods
- Whether you want to get pregnant in the future
- How much your periods are disrupting your life.

There are several different drugs for treating heavy periods. But if medicines don't help you, or they give you side effects, you may want to have an operation to reduce the amount of blood you lose during your periods.

The only way to be sure that you don't bleed at all is to have your womb removed. This operation is called a [hysterectomy](#).

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About 1 in 5 British women have a hysterectomy before they are 60, and heavy periods are the reason for at least half of these.^[7] ^[16] But a hysterectomy is a big operation and is now seen as a last resort. Other treatments are likely to be helpful.^[1]

Other operations can lighten your periods, but you may not stop bleeding completely.

Questions to ask your doctor

If your periods have been heavy for three months or more, you may want to talk to your doctor.

Here are some questions that you might want to ask.

- Why do you think my periods are heavy?
- What tests do you think I should have?
- Could my heavy periods be a sign of something serious?
- Is there anything I can do to make my periods lighter?
- What drugs can I take to make my periods lighter?
- Will drugs make a big difference to the amount of blood I'm losing?
- How long should I take this treatment?
- Does the treatment have any harmful effects? What should I do if I get any harmful effects?
- Do I still need to use contraceptives if I use this treatment, or does the treatment stop me from getting pregnant?
- Should I consider an operation? What type of operation would be best for me?
- What are the risks of having an operation?
- Will the operation mean that I'll not be able to get pregnant in the future? Will I still need to use contraceptives?

Treatments:

Tranexamic acid

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[How good is the research on tranexamic acid?](#)

This information is for people who have heavy periods. It tells you about tranexamic acid, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

Yes. About 6 out of 10 women who take tranexamic acid get lighter periods. ^[31]

This drug works better than [nonsteroidal anti-inflammatory drugs \(NSAIDs\)](#) and some treatments that affect the level of [hormones](#) in your body. But, unlike NSAIDs, tranexamic acid will not relieve any pain you get with your periods.

What is it?

Tranexamic acid is a drug that reduces bleeding. It works by making the blood in your womb more likely to form [clots](#). These clots stop the flow of blood from the lining of your womb.

You take a tablet three or four times a day during your period. The brand name for tranexamic acid is Cyklokapron. Your doctor can prescribe this treatment, or you can buy it over the counter from a pharmacy. Brand names for the over-the-counter versions are Cyklo-F and Femstrual.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says tranexamic acid is one of the first treatments women with heavy periods should consider. ^[32]

How can it help?

If you take tranexamic acid during your period, there is a good chance that your period will be lighter. About 6 out of 10 women who take the drug lose less blood. ^[31]

You'll probably feel able to do more during your period. One study found that women taking tranexamic acid had a better social life and sex life than women who took a dummy treatment (a [placebo](#)). ^[33]

Tranexamic acid might work better at making periods lighter than other drugs used to treat heavy periods. Some fairly small studies suggest it may work better than nonsteroidal anti-inflammatory drugs (NSAIDs), a drug called [etamsylate](#), and [progestogen tablets](#). ^{[31] [34] [35]}

How does it work?

Tranexamic acid makes the blood in your womb more likely to clot. This reduces the amount of blood you lose during your period.

Can it be harmful?

One-third of women who take tranexamic acid feel queasy or get leg cramps. ^[36]

In the past, there was concern that the drug could cause blockages in important blood vessels. This is called thromboembolism. But a large study over 19 years found that the problem was no more common in people taking tranexamic acid than in other people. ^[36]

How good is the research on tranexamic acid?

There is good evidence that tranexamic acid helps women with heavy periods. ^{[31] [34]}

The research also shows that tranexamic acid might work better than some other drug treatments for heavy periods ([NSAIDs](#) , [etamsylate](#) , and [progestogen tablets](#)), but not as well as surgery to remove the womb lining. ^{[31] [34] [35] [37] [38]}

We know this from [reviews](#) of the research that have looked at lots of good-quality studies (called [randomised controlled trials](#)).

Nonsteroidal anti-inflammatory drugs (NSAIDs)

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[How good is the research on nonsteroidal anti-inflammatory drugs?](#)

This information is for people who have heavy periods. It tells you about nonsteroidal anti-inflammatory drugs (NSAIDs), a treatment used for heavy periods. It is based on the best and most up-to-date research.

Do they work?

Yes. About half the women who take nonsteroidal anti-inflammatory drugs (NSAIDs) get lighter periods. NSAIDs can also help if you have painful periods.

What are they?

NSAIDs are a group of drugs that reduce [inflammation](#) and also act as painkillers.

Mefenamic acid (brand name Ponstan) is the NSAID most often used to treat heavy periods. Other NSAIDs (and their brand names) include:

- diclofenac (Voltarol)
- flurbiprofen (Froben)

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- ibuprofen (Nurofen)
- naproxen (Naprosyn).

You usually take these drugs each day of your period, starting on the first day and ending on the last day.

If you have had a [stomach ulcer](#), or problems with NSAIDs in the past, your doctor may suggest avoiding NSAIDs.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says NSAIDs are one of the first treatments women with heavy periods should consider. ^[39]

How can they help?

- About half the women who take NSAIDs for heavy bleeding get lighter periods. ^[31] Their blood loss drops by about 20 to 50 percent. ^[31]
- If you have painful periods, NSAIDs can help with that too. About 7 out of 10 women find that NSAIDs help their pain. ^[31]

NSAIDs might not work as well as two other drugs for heavy periods: [tranexamic acid](#) and [danazol](#). ^[31] ^[34] ^[35] ^[40] But your GP may be reluctant to prescribe danazol, since it can have unpleasant side effects. They may also work less well than the [IUD \(Mirena\)](#). ^[40]

How do they work?

Heavy and painful periods are sometimes caused by an imbalance of chemicals called **prostaglandins**. These chemicals work in many parts of your body. But, in your womb, they control the amount of the blood that you lose during your period.

NSAIDs can help correct this imbalance. This can reduce both the amount of blood you lose during your period and any pain you get.

To read more about what happens during your period, see [What are heavy periods?](#)

Can they be harmful?

In studies, about half the women who took NSAIDs for heavy periods said they got headaches, upset stomachs, indigestion, queasiness, vomiting, or [diarrhoea](#). ^[31] ^[40] But women who took a dummy treatment (a [placebo](#)) also said they had these side effects. So we can't say whether the NSAIDs actually caused these problems or whether they would have happened anyway. ^[31] ^[40]

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NSAIDs can irritate the lining of the stomach. Taking them with food can reduce this. One study found that you may be less likely to get an upset stomach with mefenamic acid than with naproxen. ^[34]

If you have a stomach ulcer or have ever had problems taking any kind of NSAID (including aspirin, which is another a type of NSAID), you shouldn't take them.

Some people who have **asthma** find their breathing gets worse when they take NSAIDs. If this happens to you, you shouldn't take NSAIDs. ^[41]

There have been worries that taking prescription NSAIDs regularly can increase your risk of having a heart attack or a stroke. People who have heart problems should not take diclofenac. ^[18] For more information, see [Warnings about the side effects of NSAIDs](#)

How good is the research on nonsteroidal anti-inflammatory drugs?

There has been lots of good research on nonsteroidal anti-inflammatory drugs (NSAIDs). They can make periods lighter. ^[31] ^[40]

Some small studies have found that [tranexamic acid](#) and [danazol](#) work better than NSAIDs. But because these studies were small, we don't know how reliable the results are. ^[31] ^[40] ^[34] ^[35] ^[42]

Hysterectomy

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[How good is the research on hysterectomy?](#)

This information is for people who have heavy periods. It tells you about hysterectomy, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

Yes, if you have an operation to remove your womb (a hysterectomy), your periods will stop. This operation works better than just [having the lining of your womb removed](#) .

But a hysterectomy is a serious operation and it means you won't be able to get pregnant in the future.

Also, a hysterectomy takes longer than surgery to remove just the lining of your womb, so you'll need to spend more time in hospital. You'll also need more time to recover and return to your normal routine.

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What is it?

A hysterectomy is an operation to remove your womb. There are two main types.

- In a **total hysterectomy**, surgeons remove all of your womb and the neck of your womb (the cervix).
- In a **subtotal hysterectomy**, surgeons remove the upper part of your womb but leave the neck of your womb.

It's important to talk to your surgeon about which operation is best for you. Some surgeons may suggest that you have your ovaries and fallopian tubes removed at the same time as your womb, especially if you are near the [menopause](#) .^[43]

Removing your ovaries during a hysterectomy means that there's no chance you could get cancer of the ovaries in the future. And it removes any chance of getting [cysts](#) on your ovaries or any other ovary problems.

If you have your ovaries and fallopian tubes removed, you are likely to have symptoms of the menopause afterwards. These include dryness in your vagina and hot flushes (your face and upper body suddenly feel very hot).

One way to ease these symptoms is with a treatment called [hormone replacement therapy](#) . Your doctor can tell you about the advantages and disadvantages of this treatment. To learn more, see our information on the [Menopause](#) .

Surgeons can take out your womb in three different ways.

- Through a cut in your abdomen.
- Through your vagina.
- Using keyhole surgery (a laparoscopic hysterectomy). Surgeons take out your womb through your vagina. But they do so with the help of tools used through telescopes placed in tiny slits in your abdomen.

It is easier for the surgeon to see what he or she is doing in an abdominal hysterectomy. But this is a bigger operation than the other two. It leaves a scar and may be more painful for a week or so afterwards. Women who have an abdominal hysterectomy:^[44]

- Stay in hospital on average one day longer than women having a vaginal hysterectomy
- Get back to their normal activities on average nine days later than women having a vaginal hysterectomy.

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Removing your womb through your vagina may be less painful, but it can be more difficult to do. Your surgeon will probably advise against it if you have a large womb or if your ovaries are being taken out as well. ^[43]

We've prepared some extra information for people thinking of having this operation. To read more, see Hysterectomy.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says hysterectomy should not be used as a first treatment for heavy periods. ^[45]

NICE says hysterectomy should only be considered when other treatments have failed, when you want to be completely free of periods and don't want to keep your womb, and when you specifically ask your doctor for it. ^[45]

How can it help?

No matter what type of surgery you have, if you have a hysterectomy, you won't ever have a period again. ^[31] ^[46] A hysterectomy works better than [surgery to remove the lining of the womb](#) .

After surgery to remove the womb lining, 9 out of 10 women have lighter periods or no periods. But after a hysterectomy, 10 out of 10 women have no periods. ^[31]

In one study, slightly more women were happy with the results of a hysterectomy, compared with women who had surgery to remove their womb lining. ^[47] Between 87 and 89 in 100 women were satisfied with surgery to remove their womb lining. But 95 in 100 were happy with the results of a hysterectomy.

How does it work?

A hysterectomy works because it removes all of your womb, including the part that bleeds during your period. So there is nothing left to bleed.

Can it be harmful?

All operations have some risks, such as problems from the **anaesthetic** and a risk of **blood clots** , infections, or even death. But these risks are very small. Only 1 in 2,000 women under the age of 50 die from having a hysterectomy, although the risk is higher if you are having the operation to treat cancer. ^[48]

A hysterectomy carries more risks than an [operation to remove the lining of your womb](#) . If you have a hysterectomy, you're more likely to get an infection, need a **blood transfusion** , have trouble urinating, or need another operation before you leave hospital. ^[31] ^[46]

You're less likely to die or have a problem during your operation if you have a hysterectomy through your vagina (a vaginal hysterectomy) than if you have the operation

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through a cut in your abdomen (an abdominal hysterectomy).^[49] And you're less likely to have these problems during your operation, or a serious problem afterwards, with either of these operations than with keyhole surgery (a laparoscopic hysterectomy).^[49]

How good is the research on hysterectomy?

There is good evidence from several studies that an operation to remove the womb (a hysterectomy) works well for women with heavy periods.^[31] ^[46]

The research also shows that a hysterectomy works better than a less serious operation that [removes the womb lining](#) .

Thinning the womb lining before surgery to remove it

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[How good is the research on thinning the womb lining before surgery to remove it?](#)

This information is for people who have heavy periods. It tells you about thinning the womb lining before surgery to remove it, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

Yes. If you are going to have surgery to remove the lining of your womb, the operation will probably be easier if you take drugs to thin the lining of your womb beforehand.

Your periods will also probably be lighter after the operation if the lining of your womb is thinned beforehand. And your periods may be more likely to stop completely.

What is it?

Your doctor may call this treatment **endometrial thinning**. It involves using drugs to stop the lining of your womb (the endometrium) thickening during the second half of your monthly cycle.

Doctors use several different drugs to thin the womb lining before surgery to remove it. These include gonadotrophin-releasing hormone analogues (GnRH analogues), danazol, and progestogens.

GnRH analogues

When a drug is called an analogue, it means it's similar to another chemical. GnRH analogues affect your body in a similar way to a natural **hormone** called **gonadotrophin-releasing hormone** (GnRH).

Heavy periods

Before surgery, you may get either one or two injections of a GnRH analogue under the skin in your abdomen. If you have two injections, you'll get them four weeks apart. Each injection has enough medicine to be released slowly into your body each day.

Examples of these drugs (and their brand names) include:

- goserelin (Zoladex)
- triptorelin (Decapeptyl)
- leuprorelin (Prostap).

Danazol

Danazol is a tablet that you take two, three, or four times a day for four weeks or eight weeks before surgery.

The brand name for danazol is Danol.

Progestogens

Before surgery, you may take progestogen tablets or have an injection of a progestogen, such as medroxyprogesterone acetate (brand name Depo-Provera).

How can it help?

If you get an injection of a GnRH analogue, such as goserelin, before you have an operation to remove the lining of your womb: ^[50]

- The operation will be less difficult than if you didn't use the drug
- The operation will take less time
- You are more likely to have no periods at all after the operation, or to have lighter periods.

Danazol may also work to make the operation easier, faster, and more successful. But it may not work quite as well as a GnRH analogue. ^[50] ^[51]

There's not much information about progestogen tablets or injections, so we can't say whether these will help you or not. ^[50]

Taking medicine to thin the womb lining before surgery to remove it may not help if you're having a newer type of operation, such as balloon or microwave ablation. ^[50]

Heavy periods

How does it work?

Surgery to remove your womb lining works best when the womb lining is thin (less than 4 millimetres, or less than one-sixth of an inch, thick). This is because the instruments used to remove the lining, such as a [laser](#) or an electrical wire, can't get very deep.

Drugs such as goserelin can stop the womb lining thickening, so the operation is more likely to be a success. The drugs do this by affecting the [hormones](#) in your womb.

To read more about the womb lining and what happens during your period, see [What are heavy periods?](#)

Can it be harmful?

If you have a GnRH analogue (such as goserelin) instead of danazol: ^[50]

- You are more likely to get symptoms of the [menopause](#). These include dryness in your vagina and hot flushes (your face and upper body suddenly feel very hot)
- Your sex drive is also more likely to fall and you may feel depressed.

If you use danazol instead of a GnRH analogue: ^[50]

- You are more likely to have oily skin, put on weight, or get some unwanted hair growth on your skin.

But since you use these drugs for only a few weeks, these side effects will clear up when you stop taking the drugs.

The research we found on progestogens didn't talk about side effects. ^[51] But we know from other research that progestogens can cause breast tenderness, weight change, acne, bloating, and irregular (but not heavy) bleeding.

How good is the research on thinning the womb lining before surgery to remove it?

We found a summary of the research (a [systematic review](#)) that included 20 studies looking at thinning the lining of the womb before surgery to remove it. ^[50] Overall, the review found that using GnRH analogues or danazol to thin the lining before surgery helps women with heavy periods.

Removing the womb lining

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Heavy periods

[How good is the research on removing the womb lining?](#)

This information is for people who have heavy periods. It tells you about removing the womb lining, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

Yes. Removing the lining of your womb (the endometrium) will probably make your periods lighter. It works better than drugs, but the benefits of this operation may not last as long as the benefits of having your whole womb removed (a [hysterectomy](#)).

Between 1 in 10 and 4 in 10 women who have their womb lining removed will need another operation because their symptoms have come back. ^[31]

If you have this operation, you are unlikely to get pregnant in the future. But you should carry on using contraceptives, just in case. This type of operation isn't suitable if you want to have children.

What is it?

Depending on how the operation is done, removing the lining of your womb may be called **endometrial destruction**, **endometrial resection**, or **endometrial ablation**.

Your doctor will probably only suggest this operation if drugs haven't made your periods lighter.

Your doctor won't need to cut the lower part of your abdomen to operate on your womb. Instead, he or she will operate through your vagina.

This operation sometimes involves putting a small telescope (a **hysteroscope**) into your vagina and through your **cervix** so the doctors can see inside your womb. They then use the same route to put in tiny instruments to remove the lining of your womb. They may use:

- A heated wire that burns away the lining (this is called **transcervical endometrial resection**)
- A heated rollerball that burns away the lining (this is called **rollerball ablation**)
- A laser beam that cuts away the lining (this is called **laser ablation**)
- A special electrode that burns away the lining (this is called **vaporising electrode ablation**). An electrode is a device that carries an electric current.

Your doctor may suggest that you thin your womb lining with drugs before you have one of these operations. Thinning the lining makes surgery easier and improves the results. To learn more, see [Thinning the womb lining before surgery to remove it](#).

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Newer ways of doing the operation allow doctors to remove the lining of the womb without using a hysteroscope. They may use one of the following methods.

- They may put an inflatable balloon with electrodes into your womb through your cervix. The electrodes touch your womb lining, making it die and fall away. This is called **multi-electrode balloon ablation**.
- They may put a balloon into your womb through your cervix and then fill it with fluid. The fluid is heated up and left in place for about eight minutes to kill the womb lining. This is called **thermal uterine balloon therapy**.
- They may put a microwave probe through your cervix and into your womb. The probe is turned on and moved over the surface of your womb to remove it. This is called **microwave ablation**.
- They may inject heated salt water into your womb to destroy the lining. This is called **hydrothermablation**.
- They may use electrodes on a frame. This is called **NovaSure ablation**.

If you have one of the newer operations, you may not need to be asleep during surgery. Instead you'll be given a **local anaesthetic**. ^[52]

The newer operations are usually quicker and simpler to perform than the older ones. But doctors sometimes have technical problems with the newer equipment. ^[52]

Surgery to remove the lining of your womb is a simpler operation than a hysterectomy.

- It usually takes 30 to 45 minutes to remove the lining of the womb, compared with 45 to 70 minutes for a hysterectomy.
- You should be able to go home from hospital within a day or two of having an operation to remove your womb lining. You may even be able to go home the same day as your operation. If you have a hysterectomy, you'll be in hospital anywhere from one day to a week.
- And if you have surgery to remove your womb lining, you should be able to get back to your normal activities within two to three weeks. ^[31] Your recovery after a hysterectomy can take up to eight weeks.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says removing your womb lining is one of the first surgical treatments you should consider, if medicines don't work. ^[53]

Heavy periods

How can it help?

If you have surgery to remove your womb lining:

- Your periods should get lighter. Almost 9 out of 10 women who have their womb lining removed have lighter periods or no periods afterwards ^[31] ^[46]
- Women who have newer types of operation are just as happy with the results as those who have older ones ^[52] ^[54] ^[55]
- Your periods will be lighter than if you take drugs, such as [tranexamic acid](#) , [danazol](#) , [the combined contraceptive pill](#) , or [progestogen tablets](#) . ^[38]

Hysterectomy works better than surgery to remove your womb lining. After a hysterectomy your periods stop for ever. ^[31] ^[46] ^[56] But a hysterectomy is a more serious operation.

In one study, most women were satisfied with the results, whatever treatment they had. ^[47] But slightly fewer women were satisfied after surgery to remove their womb lining, compared with women who had a hysterectomy. Between 87 and 89 in 100 women were satisfied with surgery to remove their womb lining. But 95 in 100 were happy with the results of a hysterectomy.

How does it work?

Removing the lining of your womb takes away most, if not all, of the tissue that bleeds when you have a period. This includes the deep layer of tissue that makes up the surface lining of your womb. Even if some of the lining is left behind, your periods should be much lighter after you have the operation.

Can it be harmful?

Some women have problems during or after an operation to remove their womb lining.

- About 1 in 100 women need emergency surgery during their operation. About half of these women have hysterectomies. ^[57]
- Problems that happen after this operation can include tears in the womb, bleeding, and infection. ^[52]
- We know less about the safety of newer techniques to remove the womb lining than the older ones. But thermal ablation may cause more problems afterwards than endometrial resection. ^[58]

Having your womb lining removed isn't suitable if you want to have children in future. ^[53]

How good is the research on removing the womb lining?

There's good evidence that removing the lining of the womb helps women with heavy periods. ^[52] ^[38] We know this from **reviews** where researchers looked at lots of good-quality studies (called **randomised controlled trials**).

Danazol

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[Can it be harmful?](#)

[How good is the research on danazol?](#)

This information is for people who have heavy periods. It tells you about danazol, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

Yes. If you take danazol for two months to three months, there's a good chance that your periods will get lighter. But this drug can have unpleasant side effects.

What is it?

Danazol is a man-made drug that acts a bit like the male hormone testosterone. It comes as a capsule that you start taking on the first day of your period and go on taking for three months, once or twice a day. After that, you'll probably talk to your doctor about how well danazol has been working and whether you want to keep taking it.

The brand name for danazol is Danol.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says danazol should not be used routinely for heavy periods. ^[59]

How can it help?

If you take danazol for two months to three months, your periods are likely to get lighter.

In studies, about 3 in 4 women had lighter periods while taking danazol. On average, their blood flow dropped by 50 percent. But some women's periods got lighter by as much as 80 percent. ^[31]

Danazol works better than three other treatments for heavy periods: [progestogen tablets](#), [nonsteroidal anti-inflammatory drugs \(NSAIDs\)](#), and the [combined contraceptive pill](#). But it causes more unpleasant side effects. ^[42]

Heavy periods

If you take a 200 milligram (mg) dose in the first month, a 100 mg dose in the second month, and a 50 mg dose in the third month, it seems to work just as well as taking the usual 200 mg dose the whole time. ^[42]

How does it work?

Danazol acts like a very mild version of the male hormone testosterone. It affects your female hormones and makes the lining of your womb shrink. As a result, you bleed less during your period. ^[31]

To read more about what happens during your period, see [What are heavy periods?](#)

Can it be harmful?

Yes. Side effects are more common with danazol than with other drugs for heavy periods, such as NSAIDs and progestogen tablets. ^[42]

- The most common side effects are weight gain, acne, oily skin, hair growth, voice changes, irritability, muscle pain, and tiredness. ^[42]
- But in studies, not many women stopped taking this treatment because of these side effects. ^[42]
- If you take danazol while you are pregnant, it can harm your baby. You should be careful not to get pregnant while you're taking this drug.

How good is the research on danazol?

There's good evidence that danazol can make periods lighter. ^[31] ^[42] Lots of studies show that it reduces bleeding. But the research also shows that this drug can cause side effects.

The combined contraceptive pill

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[How good is the research on the combined contraceptive pill?](#)

This information is for people who have heavy periods. It tells you about the combined contraceptive pill, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Heavy periods

Does it work?

We don't know. There isn't enough information to be certain. But some women do lose less blood during their periods when they take the combined contraceptive pill.

What is it?

The pill is called 'combined' because it contains man-made forms of two female hormones: oestrogen and progesterone.

There are lots of different brands of this type of contraceptive pill, including:

- Binovum
- Femodette
- Loestrin 20
- Mercilon
- Microgynon
- Norinyl
- Ovranelle.

Although the combined pill is used mainly to prevent pregnancy, it can also be used to treat: ^[31] ^[1]

- Heavy periods (especially for women who don't want to get pregnant)
- Painful periods
- Symptoms that happen before women get their periods (premenstrual symptoms) such as headaches and bloating.

You usually take the pill for 21 out of the 28 days of your menstrual cycle (this is time leading up to and including your period). You get your period when you stop taking the pills. Then you start taking the pills again after seven days.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says that the combined contraceptive pill is one of the first treatments women should consider having for heavy periods. ^[1]

Heavy periods

How can it help?

The combined pill may reduce your bleeding.

It may help about as much as other commonly used treatments, such as [danazol](#) and the [nonsteroidal anti-inflammatory drugs](#) mefenamic acid and naproxen. But there's not enough research to know for certain. ^[60] ^[61]

How does it work?

The combined pill changes the levels of two hormones that are important to your menstrual cycle: oestrogen and progesterone. This shift in hormone levels stops you releasing eggs and getting pregnant. It also stops the lining of your womb (the endometrium) thickening during the second half of your menstrual cycle.

This means that, at the end of your cycle, there is less womb lining to come away, so you lose less blood during your period. ^[31]

To read more about what happens during your period, see [What are heavy periods?](#)

Can it be harmful?

Milder side effects of the combined contraceptive pill include feeling sick, getting headaches, changes in your weight, and breast tenderness or an increase in the size of your breasts. ^[26]

The pill can also affect your mood. You may feel depressed or have a lower sex drive. ^[26]

The pill has been linked to some more serious side effects. ^[26] For example, it can increase your risk of a blood clot and some kinds of cancer. These side effects can be worrying, but they're rare. It's also worth remembering that the combined contraceptive pill actually helps protect against some types of cancer. To read more, see [Side effects of combined contraceptive pills](#) .

How good is the research on the combined contraceptive pill?

There isn't much research on whether the pill helps heavy periods. Although there are some studies, they are small and not very good. ^[62] ^[63] ^[64] ^[61] So we can't say for certain whether the pill helps.

Having a coil (Mirena) fitted

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[How good is the research on having a coil \(Mirena\) fitted?](#)

Heavy periods

This information is for people who have heavy periods. It tells you about having a coil (Mirena) fitted, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

Yes. Having a coil fitted will probably make your periods lighter. It may work better than taking medicines. Also, if you're thinking about having an operation because your periods are heavy, you may want to try having this type of coil fitted first. Some women have been so pleased with the results they have cancelled surgery.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says that having a coil fitted is the first treatment women with heavy periods should consider. ^[65]

What is it?

This type of coil releases the **hormone** progesterone into the womb. The brand name is Mirena. It also works as a contraceptive. You may have heard this called an IUD (intrauterine device) or an IUCD (intrauterine contraceptive device). It's also called the IUS (intrauterine system).

Mirena is a T-shaped plastic frame about half the length of your thumb. It contains progesterone in a form called levonorgestrel, which is released in a fixed amount each day.

You should only have a coil fitted by a doctor or nurse who has been specially trained. He or she will slide the IUD through your vagina and into your womb. The arms of the 'T' fold downwards and, when it's in place, the arms open up again.

Being fitted with an IUD may be a little uncomfortable, so you may have a **local anaesthetic**. But the IUD shouldn't hurt after a day or two. You can leave the Mirena IUD in your womb for five years.

How can it help?

- This type of IUD may be better than some of the drugs available for heavy periods. ^[66] ^[67] ^[68]
- Women are more likely to continue using an IUD than medicines for heavy periods. In one large study, more than 60 in every 100 women were still using their IUD after two years. However, less than 40 in 100 women were still taking their medicine. ^[67]
- If you are thinking about having an operation to [remove the lining of your womb](#) or an operation to remove your whole womb (a [hysterectomy](#)), you may decide you don't need surgery after you've had an IUD fitted. ^[66] In one study, two-thirds of women cancelled their hysterectomy six months after getting this type of IUD because they were so pleased with the results. ^[66]

Heavy periods

- An IUD that releases progestogen works just as well as a type of operation to remove the lining of the womb called thermal balloon ablation.^[38] ^[69] In one study, an IUD worked better than this type of operation.^[70]

How does it work?

By releasing the hormone progestogen into your womb, this device stops the lining of your womb (your endometrium) preparing for a fertilised egg by getting thicker and softer.

As a result, there is less womb lining to come away during your period and less bleeding.^[71]

To read more about what happens during your period, see [What are heavy periods?](#)

Can it be harmful?

An IUD that releases progestogen may cause similar side effects to a [progestogen-only pill](#) (also called the mini-pill).

But these side effects should be much milder with the IUD. This is because the dose of progestogen with the IUD is a fraction of what you'd get with the mini-pill. Over a week, women using an IUD get about as much progestogen as they would from two days' worth of mini-pills.

Common side effects are:^[66]

- Bloating
- Weight gain
- Breast tenderness
- Irregular, but not heavy, periods. (With irregular periods, the number of days between your periods varies a lot). In one study, 4 in 10 women who used an IUD went on to try other treatments, mostly because they were bleeding irregularly.^[70]

In the first few months after your progestogen IUD is put in your womb, you may find that you bleed more days each month. But, after 12 months, you will probably find that you bleed lightly for only one day a month, or your periods may stop completely.^[72] ^[73]

There is also a very small risk that the progestogen IUD can cause an infection in your pelvis (the area between your hips and above your legs). This infection is called **pelvic inflammatory disease**.

One study followed women using the IUD for five years.^[74] After five years, about 1 in every 100 women had had an infection.

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There have been some reports that the Mirena IUD can cause the womb to tear.^[75] ^[76] This is very rare, but it can be serious. Remember that you should only have a coil fitted by a doctor or nurse who has been specially trained.

How good is the research on having a coil (Mirena) fitted?

Several studies show that the Mirena coil can improve heavy periods, and may work better than medicines. Many of these studies have been small, but a recent large, good-quality study (a randomised controlled trial) had similar findings.^[67] ^[68] ^[66] ^[38] ^[69] ^[77]

D and C (dilatation and curettage)

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[How good is the research on D and C?](#)

This information is for people who have heavy periods. It tells you about D and C (dilatation and curettage), a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

We don't know. There isn't any good research on how this operation affects heavy periods.

What is it?

Dilatation and curettage is an operation to scrape out the lining of your womb.^[43] Doctors normally use it to help diagnose any problems, rather than as a treatment.

Here's what happens.

- Your doctor will put small instruments in your vagina that slowly stretch the neck of your womb (cervix). This is called **dilatation**.
- Once the cervix is wide enough, your doctor will scrape and suck out the surface layer of your womb. This is called **curettage**.

You'll probably be offered a drug to make you sleep (a general anaesthetic). But if you'd rather stay awake, you can have a drug to numb the area (a local anaesthetic) instead.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says you should not be offered this operation, either as a treatment or a test.^[78] That's because there isn't much research

Heavy periods

on dilatation and curettage. The research there is suggests it only has a very short-term effect.

How can it help?

There isn't enough research to show whether dilatation and curettage can help heavy periods. You may lose less blood during your first period after the operation. But this effect is unlikely to last, so later periods will probably be just as heavy as before. And sometimes they may even be heavier than before you had the operation. ^[79]

How does it work?

By removing the surface layer of your womb, doctors hope to reduce the amount of tissue that bleeds during your period.

But dilatation and curettage doesn't seem to work as well as other methods of getting rid of this lining. (To learn more, see [Removing the womb lining](#) .) This may be because dilatation and curettage removes only the top layer of the womb. Other methods remove a deeper layer.

Can it be harmful?

There is a small risk that dilatation and curettage may tear your womb or cervix. ^[80] Also, if you have a general anaesthetic, there's a very small chance that you could have heart problems and breathing problems during the operation.

How good is the research on D and C?

There's no good research on whether dilatation and curettage can help women with heavy periods.

Etamsylate

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[How good is the research on etamsylate?](#)

This information is for people who have heavy periods. It tells you about etamsylate, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

We don't know. If you take etamsylate, it might make your periods lighter. But the evidence for this isn't very good.

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Etamsylate doesn't work as well as two other widely used treatments for heavy periods: a [nonsteroidal anti-inflammatory drug \(NSAID\)](#) called mefenamic acid and [tranexamic acid](#) .

What is it?

Etamsylate (brand name Dicycne) is a tablet for heavy periods that you take four times a day from the start of your period until your bleeding stops. Unlike some treatments for heavy periods, etamsylate doesn't affect [hormones](#) in your body.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, says etamsylate should not be used routinely for heavy periods. ^[81]

How can it help?

If you take etamsylate, your periods may get a bit lighter. In studies, women lost about 13 percent less blood on average when taking etamsylate. ^[35]

But this is only about half the improvement you can get with NSAIDs such as mefenamic acid and naproxen. ^[35]

In one study, 2 out of 3 women who took etamsylate said they wouldn't keep taking it in the future. Many of these women said that the drug hadn't helped their heavy periods. Most women taking mefenamic acid or tranexamic acid said they wanted to keep taking these treatments. ^[82]

How does it work?

Etamsylate works by strengthening blood vessels in the lining of your womb. This may reduce how much blood you lose during your period. ^[31]

To read more about what happens during your period, see [What are heavy periods?](#)

Can it be harmful?

Women who take etamsylate sometimes get headaches, or feel queasy or dizzy. But these side effects are no more common with etamsylate than with other drugs for heavy periods, such as mefenamic acid or tranexamic acid. ^[35]

How good is the research on etamsylate?

There's very little research on etamsylate for women with heavy periods. ^[35] ^[82] We need more research before we can say whether this drug works and how it compares with other treatments.

Surgery to remove fibroids

Heavy periods

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[Can it be harmful?](#)

[How good is the research on surgery to remove fibroids?](#)

This information is for people who have heavy periods. It tells you about surgery to remove fibroids, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Does it work?

We don't know. There has been no good research on how surgery to remove fibroids affects heavy periods.

What is it?

Fibroids are growths inside the womb. Lots of women get them and they are a common cause of heavy periods.

Most women who are bothered by fibroids have an operation to remove their womb (a [hysterectomy](#)). But this means they can't have children in the future.

If you still want to have children, you can have an operation to remove the fibroid from inside your womb. This can be done through a cut in your abdomen or through your vagina. The operation is called a **myomectomy**.

If it's done through your vagina, your doctor will use a tiny telescope called a **hysteroscope**. He or she will put it into your vagina to see inside your womb. Your doctor will then use this same route to put tiny instruments into your womb to carefully cut away your fibroid.

The National Institute for Health and Care Excellence (NICE), the government body that decides which treatments should be available on the NHS, has issued advice about what women with heavy periods should do if they have fibroids. It says that surgery to remove the fibroids is one of the first surgical treatments they should consider having. ^[83]

How can it help?

There has been no good research to show that removing fibroids can help heavy periods.

How does it work?

Removing fibroids from your womb will reduce the amount of tissue that bleeds during your period. So your periods should be lighter.

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Can it be harmful?

There are a lot of blood vessels in the wall of your womb. Removing the fibroid may make your womb bleed so heavily during the operation that your doctor has to remove your whole womb. Other possible problems include a tear in your womb or an infection.

How good is the research on surgery to remove fibroids?

There's no good research that shows surgery to remove fibroids helps women with heavy periods.

Hormone injections

In this section

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[How good is the research on hormone injections?](#)

This information is for people who have heavy periods. It tells you about hormone injections, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Do they work?

We don't know whether hormone injections can reduce heavy periods when used on their own. There isn't enough research to tell us. However, we do know that they can help [thin the lining of the womb](#) before [surgery](#), which can make surgery easier.

What are they?

Hormone injections contain a drug called a gonadotrophin-releasing hormone analogue (GnRH analogue). When a drug is called an analogue, it means it's similar to another chemical. GnRH analogues affect your body in a similar way to a natural hormone called gonadotrophin-releasing hormone (GnRH).

Examples of these drugs (and their brand names) include:

- goserelin (Zoladex)
- triptorelin (Decapeptyl)
- leuprorelin (Prostap).

How can they help?

Hormone injections can help to thin the lining of the womb before surgery. But there's no research looking at whether they help heavy periods on their own.

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How do they work?

Hormone injections can stop the womb lining thickening during the menstrual cycle. In theory, there should be less tissue and blood to come away when you have your period. The drugs do this by affecting the hormones in your womb.

To learn more about the womb lining and what happens during your period, see [What are heavy periods?](#)

Can they be harmful?

If you have hormone injections:

- You are more likely to get symptoms of the **menopause**. These include dryness in your vagina and hot flushes (your face and upper body suddenly feel very hot)
- Your sex drive is also more likely to fall, and you may feel depressed.

How good is the research on hormone injections?

There haven't been any good studies (**randomised controlled trials**) to show whether hormone injections can help heavy periods when used on their own.

Progestogen tablets

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[How good is the research on progestogen tablets?](#)

This information is for people who have heavy periods. It tells you about progestogen tablets, a treatment used for heavy periods. It is based on the best and most up-to-date research.

Do they work?

No. Taking progestogen tablets is unlikely to make your periods lighter and may even make them heavier. But these tablets can be useful if you need something to control an unusually long and heavy period. ^[31]

What are they?

Progestogen tablets contain a man-made version of the **hormone** progesterone. These tablets are also used as a contraceptive, called the mini-pill.

One type of progestogen tablet used to treat heavy periods is called norethisterone (brand names include Primolut N and Utovlan).

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Your doctor will normally prescribe these tablets for five days to 10 days, beginning on day 16 to 21 of your monthly cycle.

The National Institute for Health and Care Excellence (NICE), which advises the government on healthcare, says women can be offered progestogen tablets for heavy periods. ^[1]

How can they help?

They are unlikely to help. Studies have found that other treatments, such as [tranexamic acid](#) or an [IUD](#) , are better at making periods lighter. ^[37]

But even though progestogen tablets don't seem to make periods lighter, they can be useful as an emergency treatment.

If you are having an unusually long and heavy period, these tablets can stop your bleeding altogether. But they are not usually used as a long-term treatment for heavy periods. So once your bleeding has stopped, your doctor will probably suggest that you try a different treatment. ^[31]

How do they work?

Taking progestogen tablets for a long time can disrupt the hormones needed for eggs to grow and for the womb to get ready for a fertilised egg. So, in theory, the lining of your womb shouldn't thicken as much as usual in the second half of your menstrual cycle. This means there should be less tissue to come away during your period, and less blood. (To read more about what happens during your period, see [What are heavy periods?](#))

In studies of women with heavy periods, short courses of progestogen tablets haven't helped to reduce their bleeding.

Can they be harmful?

One-third to one-half of women who take progestogen tablets get side effects. These include headaches, breast tenderness, stomach upsets, and premenstrual symptoms such as tiredness and bloating. ^[37] ^[35]

How good is the research on progestogen tablets?

There's been some good research that shows that progestogen tablets are likely to make your periods heavier, not lighter. ^[37]

Further informations:

Irregular bleeding

If your periods are irregular (the time between your periods varies a lot) or you bleed between periods, your GP may refer you to see a hospital specialist.^[1]

There are lots of reasons why women have irregular bleeding, and some are more serious than others. Your specialist may suggest that you have the following tests.

- A blood test: This is to check that you have the normal number of red blood cells , white blood cells , and platelets in your blood. If you lose a lot of blood during your period, you can get a condition called anaemia . Anaemia is caused by a lack of red blood cells, and it can make you feel tired and weak. You may need treatment, such as iron tablets, to help you make more red cells.
- A pregnancy test: If it has been a while since you had your period, you could be pregnant.
- A cervical smear test: This test can be uncomfortable and slightly painful, but it takes only a minute or two. You lie down on your back with your knees up and apart. A doctor or nurse holds your vagina open with an instrument called a speculum . He or she then scrapes some cells from your cervix . The cells are sent to a laboratory to be looked at under a microscope. Doctors use the smear to check for infections of the cervix and changes in cells that could become cancerous if they're not treated.
- A pelvic examination: Your doctor may feel your abdomen and do a vaginal examination to check for growths (called fibroids). This shouldn't hurt but may be slightly uncomfortable.
- An ultrasound test: Ultrasound uses sound waves to get pictures of the inside of your body. It can show lumps in your womb, cysts on your ovaries , or any other abnormalities around your reproductive organs. A doctor may pass the ultrasound device over your abdomen, or put it inside your body through your vagina.
- Laparoscopy: This helps your doctor get a better look at your reproductive organs, such as your ovaries, fallopian tubes , and womb. Your doctor makes a small cut (about half an inch to an inch across) just under your belly button. By placing a small telescope-like device (called a laparoscope) into this hole, your doctor can check for any problems, such as scar tissue around your fallopian tubes, cysts on your ovaries, or fibroids in your womb. Your doctor can also see if any tissue from your womb lining is growing around your ovaries or anywhere else outside of your womb (this is called endometriosis). With the help of the laparoscope, your doctor can also take samples of cells and may be able to remove cysts or other growths, or repair some types of damage.

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- **Hysteroscopy:** This helps your doctor see inside your womb and look for growths, such as fibroids, that could be causing your symptoms. A tiny telescope (hysteroscope) is inserted into your vagina and up through your cervix. Doctors can also use the same procedure to take a small sample of the lining of your womb (endometrium). This sample can then be examined under a microscope to check that the cells are healthy.

What causes irregular bleeding?

There are many possible causes of irregular bleeding: ^[2]

- [Conditions affecting your womb](#) such as pregnancy, infection, or endometrial cancer
- [Diseases in other parts of your body](#) such as underactive thyroid, liver disease, or clotting disorders
- [Certain medicines](#) such as the contraceptive pill, HRT, or blood thinning drugs.

Conditions affecting your womb that may cause irregular bleeding

Some conditions that involve your womb (uterus) can cause heavy or irregular bleeding. ^[2]

- **Pregnancy:** If you haven't gone through the **menopause** , and you haven't had a period for a while, the first thing your doctor will check is whether you could be pregnant or having a **miscarriage** .
- **Cancer:** Bleeding can be a symptom of some types of cancer, such as cancer of the lining of the womb (endometrial cancer) or cancer of the **cervix** . If your doctor thinks you could have cancer, you should see a specialist within two weeks.
- **Infection in the lining of your womb, fallopian tubes , or vagina:** If you have an infection, you may notice irregular bleeding and feel feverish and tender below your stomach. You may also have abnormal fluid (discharge) coming from your vagina.
- **Noncancerous (benign) growths, injuries, or disorders:** These include small growths (**polyps**) in your cervix or womb, and **inflammation** (swelling and redness) in the neck of your womb (cervix). You may also have tissue from your womb lining growing around your **ovaries** or elsewhere outside of your womb (this is called **endometriosis**).

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Diseases in other parts of the body that may cause irregular bleeding

The following diseases can cause heavy, irregular periods. ^[3]

- Underactive thyroid: The thyroid is the gland at the base of your neck. It makes a hormone called thyroxine. Thyroxine helps control the way your body makes energy. If you have a thyroid that is underactive, you may have heavy, irregular periods, and also feel tired and sluggish. Your skin may be dry, you may feel cold, and you may put on weight.
- Liver disease: One of main jobs of your liver is to keep the chemicals in your body at just the right levels. If your liver is diseased or damaged, this may change hormone levels in your body. One result can be bleeding in your womb.
- Blood clotting problems (for example, von Willebrand's disease): If your blood does not clot properly, the lining of your womb and its blood vessels will bleed more than usual. One possible reason is that your blood doesn't have enough of the small particles that stick together to form a clot (these are called platelets). Or you may not have enough of other substances that you need to make clots.

Medicines that may cause irregular bleeding

You may get irregular bleeding if you are: ^[2]

- Taking the contraceptive pill
- Taking hormone replacement therapy (this is used to treat symptoms of the menopause)
- Fitted with a coil (an intrauterine device, or IUD)
- Taking drug treatments called corticosteroids to reduce inflammation
- Taking certain antidepressants or tranquillisers
- Taking a treatment for heart failure called digoxin
- Taking a treatment for epilepsy called phenytoin
- Taking drugs that thin the blood. These are used to treat blood clots
- Taking some herbal treatments, such as ginseng. ^[4]

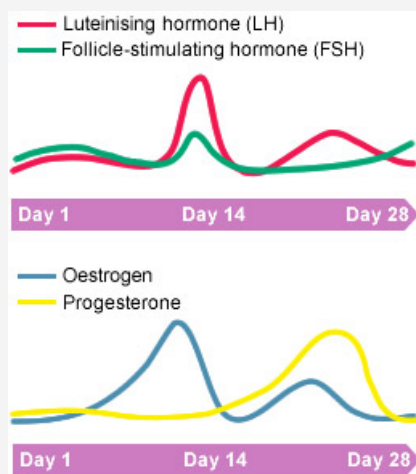
Heavy periods

What happens every month

The menstrual cycle usually lasts about 28 days, but it can be shorter or longer. It's controlled by certain hormones. The cycle has three stages.

You don't need to remember all the hormones involved in your menstrual cycle. But we've described them in detail here, because many of the treatments for heavy periods are based on hormones.

Early cycle



These graphs show how the levels of different hormones change during your monthly cycle.

- Your cycle begins on the first day of your period. At this time, you have low levels of hormones.
- In the first few days, part of your brain starts making a hormone called **gonadotrophin-releasing hormone** (or GnRH for short).
- GnRH tells another part of the brain to produce two more hormones. They're called **luteinising hormone** (LH) and **follicle-stimulating hormone** (FSH).
- LH and FSH travel in your bloodstream to your ovaries. Here, the hormones tell some eggs to start growing.
- The growing eggs make two more hormones called **oestrogen** and **progesterone**.
- One egg grows faster than the others. This egg keeps growing and matures while the others shrivel up. This tends to happen in alternate ovaries each month.

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Mid cycle

- In the middle of your menstrual cycle, there's a big increase in the amount of **luteinising hormone** (LH) in your body.
- This helps the mature egg to move out of your ovary into your fallopian tube . This is called **ovulation**.
- Tiny hairs in the fallopian tube push the egg along the tube, towards your womb.

Late cycle

- At the end of your cycle, your body prepares for pregnancy.
- Your ovary starts to make large amounts of a hormone called **progesterone**.
- This hormone makes the lining of your womb thicker with tissue and blood vessels, ready for a fertilised egg to arrive. This lining is called the **endometrium**. If a fertilised egg arrives, it attaches to the endometrium.

After your cycle

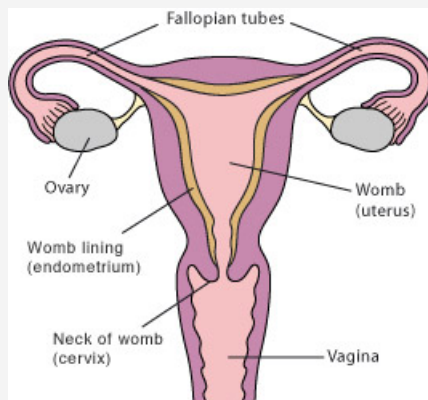
Two things can happen at the end of your cycle.

- You get pregnant. The levels of hormones in your body stay high to continue your pregnancy.
- You don't get pregnant. Hormone levels start to drop. Without hormones, the lining of your womb begins to break down and the remaining blood and tissue come out of your vagina. This is your period. When your period has finished, hormone levels start to rise and the cycle starts again.

Your reproductive system

Your reproductive system includes the parts of your body that help you get pregnant.

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Eggs released by the ovaries travel down the fallopian tubes to the womb.

- **Your ovaries:** Your ovaries store eggs. You become pregnant when a sperm joins with (fertilises) a mature egg. Your ovaries also make the main female hormones that control your periods. These hormones are called oestrogen and progesterone.
- **Your fallopian tubes:** These are two tubes that carry eggs from your ovaries to your womb.
- **Your womb:** This is where a fertilised egg grows into a baby. Your womb is connected to your vagina at one end and your fallopian tubes at the other. Another name for the womb is **uterus**.
- **Your endometrium:** This is the lining of your womb. If an egg is fertilised, it sticks to the endometrium and starts to grow there. But if there is no fertilised egg or the egg doesn't stick, the upper layer of the endometrium breaks down and your period starts.
- **Your cervix:** This is the entrance to your womb from your vagina.
- **Your vagina:** This is the passage from your womb to the outside of your body. During your period, blood leaves your body through your vagina.

Risk factors for heavy periods

The following things increase your chances of getting heavy periods. Doctors call them risk factors.

Getting older

Women over the age of 40 are more likely than younger women to have heavy periods. In one study: ^[9]

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- About 25 in 100 women aged 41 to 49 had heavy periods
- But only 15 in 100 women aged 31 to 35 did
- And less than 5 in 100 women aged 19 to 25 did.

One reason may be changes in women's hormones as they approach the menopause (the time when their periods stop altogether).

As you near the menopause, you are less likely to ovulate (this is when an egg is released from an ovary). Your body still makes the hormones oestrogen and progesterone, although the amount of these will gradually get smaller and smaller. Because you get fewer periods, the lining of your womb can get very thick. So when your period starts, there is more blood than usual.

Also, as you get older, you are more likely to have fibroids in your womb. These growths are not cancerous but can cause heavy periods.^[9]

Family history

If you have heavy periods, ask your mother if she had them, too. Some research suggests that this condition may be inherited. This means it may be passed on from parent to child through genes.

A study of identical twins (who have the same genes) showed that they had very similar blood loss during their periods. But the same wasn't true of nonidentical twins (who don't have all the same genes).^[10]

Having children

There is some evidence that women who've had children lose more blood during their periods than those who haven't. Women who've had more than three children seem to be most at risk.

But, since women who've had children are often older than women who haven't, it may be their age rather than the fact that they've had children that increases their risk of heavy periods.^[9]

Smoking

Some research suggests that if you smoke, you are more likely to have problems with your periods, such as heavy bleeding, pain, and bleeding between your periods. Your periods are also more likely to be long and irregular (the number of days between your periods varies a lot).^{[11] [12]}

Warnings about side effects of NSAIDs

Nonsteroidal anti-inflammatory drugs (NSAIDs) are used to treat pain and inflammation. Ibuprofen is probably the best-known NSAID. Although they are often useful, they can have side effects, including causing stomach upsets and ulcers, or more rarely, allergies or problems with your kidneys or liver. ^[17]

People who take high doses of some NSAIDs for a long time may have a slightly higher risk of getting a heart attack or a stroke. High doses of NSAIDs may be used over a long period of time to treat conditions such as arthritis. People who have heart problems should not take an NSAID called diclofenac. ^[18]

It's not always clear what counts as a long time for taking NSAIDs. In some research, two-thirds of the heart attacks happened in studies where people took NSAIDs for a year or longer. ^[19]

Below, we look at the different kinds of NSAIDs and what the research that has been done so far shows about their safety.

NSAIDs you can buy over the counter

You can buy low doses of some NSAIDs, such as ibuprofen, at a pharmacy. Taken at this lower dose and for a short time, ibuprofen doesn't seem to increase people's risk of a heart attack or a stroke. ^[20]

You can also get larger doses of ibuprofen on prescription from a doctor (see our information on prescription ibuprofen below). Taking these larger doses every day may slightly increase your risk of a heart attack or a stroke. But these doses are higher than the amount you'd take for a headache or other kinds of short-term pain.

Diclofenac is another NSAID that you can buy in low doses over the counter. It's sold for treating headaches, other aches and pains, and cold and flu symptoms. Diclofenac does increase the risk of heart attacks and strokes if used regularly. ^[21] However, there's probably much less of a risk if you're taking low doses for short periods of time. ^[22] People who have heart problems should not take diclofenac. ^[18]

You can also buy an NSAID called naproxen without a prescription, for treating period pain. Naproxen doesn't seem to cause much increase in the risk of heart attacks or strokes. ^{[19] [21] [23]}

NSAIDs your doctor may prescribe

Selective COX-2 inhibitors

Selective COX-2 inhibitors are a newer type of NSAID. Some people got stomach problems as a side effect of taking older NSAIDs. COX-2 inhibitors were designed to

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cause less irritation to your stomach. But research has found that these newer drugs can slightly increase your risk of a heart attack or a stroke.

COX-2 inhibitors called valdecoxib (brand name Bextra) and rofecoxib (Vioxx) have been taken off the market because of their side effects. ^[20]

Other COX-2 inhibitors are still available in the UK. These include:

- celecoxib (Celebrex)
- etoricoxib (Arcoxia)
- meloxicam (Mobic).

The overall risk of having a heart attack or a stroke when taking these drugs is fairly small. For every 1,000 people regularly taking high doses, an extra three people each year will have a heart attack or a stroke. ^[19] Your doctor can help you weigh up the risks and benefits these drugs will have for you.

Also, you should not take etoricoxib if you have high blood pressure. ^[24] But you can take it once your blood pressure is under control.

Other NSAIDs

There are several NSAIDs that aren't COX-2 inhibitors, which may also be prescribed by your doctor. They include (with brand names):

- diclofenac (Diclomax, Motifene, Voltarol)
- etodolac (Eccoxolac, Etopan, Lodine)
- ibuprofen
- ketoprofen (Oruvail, Orudis)
- mefenamic acid (Ponstan)
- meloxicam (Mobic)
- naproxen (Naprosyn, Arthroxen).

Some of these NSAIDs may cause a small increase in your risk of a heart attack or a stroke. Research has found that regularly taking high doses of ibuprofen or diclofenac over a long period of time may increase your risk of these problems. ^[20]

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The body that regulates medicines in the UK to make sure that they work and that they are safe is the Medicines and Healthcare products Regulatory Agency (MHRA). It has issued a warning about diclofenac.^[18] The MHRA says that people should not take diclofenac if they have serious heart conditions, such as heart failure, heart disease, or circulatory problems, or if they have ever had a heart attack or stroke.

We don't know exactly how big the risk is, or how it varies between the different drugs. The research that has been done so far suggests that:

- Taking diclofenac has a similar risk of heart attack to some COX-2 inhibitors.^[20] That would mean three extra heart attacks or strokes each year for every 1,000 people taking daily high doses.
- Naproxen may be safer than COX-2 inhibitors.^[20] Most studies so far seem to show that naproxen doesn't increase people's chances of getting a heart attack or a stroke.^{[19] [21]} One study did suggest a small increase in the risk of stroke in people who took naproxen, but it was less than the increased risk with a COX-2 inhibitor.^[23]

Guidelines for doctors say that for most people, the benefits of these drugs outweigh the risks.^[25] The risks are probably lower for people who only take NSAIDs for a short time or take smaller doses.^[20]

Guidelines for doctors

Doctors have guidelines about how they should prescribe COX-2 inhibitors and other NSAIDs. They say that:^[20]

- People should take the lowest dose of an NSAID that works for them
- People should only take NSAIDs for as long as they need to. People taking them for a long time should have their treatment reviewed regularly
- People who already have heart disease shouldn't take COX-2 inhibitors
- Doctors should weigh up the risks and benefits of NSAIDs for each person. For example, your doctor may suggest a COX-2 inhibitor if you're at risk of stomach problems, but not of a heart attack
- People are more likely to get stomach problems if they take aspirin as well as an NSAID. People should only take aspirin and an NSAID together if they really need to.

If you're worried about the medicine you're taking, talk to your doctor.

Side effects of combined contraceptive pills

The combined contraceptive pill can cause some side effects. Possible problems include feeling sick, getting headaches, changes in your weight, breast tenderness, or an increase in the size of your breasts. ^[26]

Some women get high blood pressure, feel depressed, or find they have a lower sex drive. ^[26]

The pill can also cause some more serious side effects. These may sound worrying, but the chance of getting a serious side effect is very small.

It's also worth remembering that the combined contraceptive pill can actually help protect against some kinds of cancer. You're less likely to get cancer of the ovaries or cancer of the womb lining (endometrial cancer) if you're taking the pill. ^[26]

Blood clots

The pill can increase your risk of getting a blood clot inside one of your blood vessels. If a blood clot forms in a vein deep in your leg, it's called a deep vein thrombosis (a DVT). But the chance of this happening is fairly small. ^[26]

- For women who don't take the pill, each year there's about a 5 in 100,000 chance of getting a DVT
- For women who do take the pill, the chance of getting a DVT is between 15 in 100,000 and 25 in 100,000, depending on the type of pill.

If a DVT travels through your bloodstream into your lungs, it can be very dangerous. But it's very rare for women to die of a DVT because of the pill. Over a year, the risk of dying of a DVT because of the pill is somewhere between 2 in a million and 10 in a million. ^[27]

If you have a blood clot in a deep vein, you usually get pain, swelling, warmth, and redness in one of your legs. See a doctor straight away if you have any of these symptoms.

Cancer of the cervix

Taking the pill for more than five years slightly increases your risk of getting cervical cancer. However, your overall risk of getting cervical cancer is low, whether or not you take the pill. ^[28]

- Out of 10,000 women who don't take the pill, doctors would expect to see 38 cases of cervical cancer by the age of 50.

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- Out of 10,000 women who took the pill for five years from the age of 20, doctors would expect to see 40 cases of cervical cancer. So, that's two extra cases of cancer in 10,000 women taking the pill.

When you stop taking the pill, your risk of cervical cancer drops back to normal.^[28] About 10 years after you finish taking the pill, your chance of getting cervical cancer is the same as if you'd never taken it.

Going for cervical screening (a smear test) can cut your risk of getting cervical cancer.

A stroke

There's a small risk of having a stroke because of the pill.^[29]

- Over a year, a woman not taking the pill has about a 4 in 100,000 chance of having a stroke.
- This rises to about 8 or 9 in 100,000 for a woman taking the pill.

Breast cancer

Some studies have found that the pill slightly increases a woman's chance of getting breast cancer.^[30] But other studies have found no increase in risk. It's hard to make sense of the different results. It might be that women taking the pill see their doctors more often, so are more likely to be diagnosed with and treated for breast cancer.^[26]

Even if there is a possible, small increase in your risk of breast cancer while you're taking the pill, your risk drops back to normal when you stop taking it.^[26]

Glossary:

red blood cells

Red blood cells are the part of your blood that makes it red. Their main job is to carry oxygen from your heart and lungs to the tissues of your body. Once these cells unload oxygen, they pick up carbon dioxide. They take carbon dioxide back to your lungs so it can be breathed out of your body.

white blood cells

White blood cells are the cells in your blood that help your body fight infections. They are part of your immune system. The other cells in your blood, red blood cells, carry oxygen around your body.

platelets

Platelets are small disc-shaped particles found in your blood (along with red blood cells and white blood cells). Platelets form the clots that stop the bleeding when you've been cut. People who don't have enough platelets have problems with bleeding too much.

anaemia

Anaemia is when you have too few red blood cells. Anaemia can make you get tired and breathless easily. It can also make you look pale. Anaemia can be caused by a number of different things, including problems with your diet, blood loss and some diseases.

vaginal speculum

A vaginal speculum is the tool doctors put into a woman's vagina when they need to examine the inside.

cervix

Heavy periods

The cervix is a piece of tissue that sits between a woman's womb and her vagina. It has a small opening in it that gets much bigger when a woman is having a baby.

fibroid

A fibroid is a lump of extra tissue that can build up in the wall of the womb. Sometimes it can grow big enough to feel. It can cause pain and bleeding, and make it difficult for a fertilised egg to take hold in your womb. If these problems become too bad, you can have fibroids removed by surgery.

cysts

A cyst is a sac or cavity that develops under your skin and is filled with fluid. Cysts are benign, which means that they are not cancerous.

ovaries

Women have two ovaries, one on each side of their womb. They are small glands that store eggs. Inside the ovaries are hundreds of thousands of pre-eggs, called follicles. Some of these grow into eggs.

fallopian tubes

Fallopian tubes are the two tubes that come out of the top of a woman's womb. They carry eggs from the ovaries to the womb.

menopause

When a woman stops having periods, it is called the menopause. This usually happens around the age of 50.

miscarriage

A miscarriage is when something happens before the 28th week of pregnancy that means the fetus does not survive.

polyp

A polyp is a growth that is found inside your body.

inflammation

Inflammation is when your skin or some other part of your body becomes red, swollen, hot, and sore. Inflammation happens because your body is trying to protect you from germs, from something that's in your body and could harm you (like a splinter) or from things that cause allergies (these things are called allergens). Inflammation is one of the ways in which your body heals an infection or an injury.

gland

A gland is any group of cells in the body that makes and releases something for use by another part of the body. For example, the thyroid gland makes a hormone called thyroxine. This acts on receptors within cells. By acting on the receptors it gives the cells a message to speed up their metabolism and work harder.

hormones

Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

von Willebrand's disease

This is a condition that makes it hard for your blood to clot. If you have von Willebrand's disease, you may bleed more than other people if you get cut or when you're having surgery. It's a disease that's most often passed from parents to children through their genes (which means it's an inherited disease).

blood clot

A blood clot forms when the cells in blood clump together. Sometimes this happens to stop you from bleeding if you've had an injury. But it can also happen on the inside of your blood vessels, even when you haven't had an injury. A blood clot inside a blood vessel is called a thrombus.

hormone replacement therapy

Hormone replacement therapy (also called HRT) is given to women after the menopause to replace the oestrogen (the main female hormone) that is no longer made by their ovaries. It can be given either as oestrogen alone or as a combination of oestrogen and progesterone (another female hormone). It is useful to treat menopausal symptoms such as hot flushes, and to prevent brittle bone disease (osteoporosis). But there are concerns that it may increase the risk of breast cancer, heart attacks and strokes.

corticosteroids

Corticosteroids are substances that your body makes naturally. But they can also be made in a laboratory to treat certain conditions. Corticosteroids have many different effects, including helping the body to use sugar and to control the amount of fluid it retains. They also reduce inflammation in the body, which is why they are sometimes used to treat diseases like asthma. (Asthma is caused by inflammation in the tubes that carry air in the lungs.)

antidepressant

Antidepressants are medicines used to treat depression and sometimes other conditions. They work by changing the levels of chemicals in your brain called neurotransmitters. There are three main types of antidepressants, which work in different ways: selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs) and tricyclic antidepressants (TCAs).

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tranquilliser

A tranquilliser is a drug that can help you relax and feel less anxious.

puberty

Puberty is the time when boys and girls develop secondary sexual characteristics. For boys, the major changes include pubic hair, a deeper voice, and growth of their penis and testicles. For girls, major changes include pubic hair, breasts and starting to have periods. After puberty, girls are able to become pregnant and boys are able to father children.

menstrual cycle

The menstrual cycle is the regular monthly process that causes an egg to be released from the ovaries so that a woman can get pregnant. The menstrual cycle causes her period, the bleeding that happens if she does not get pregnant.

oestrogen

Oestrogen is the name given to three female sex hormones: oestradiol, oestrone and oestriol. Oestrogen causes women's sexual development during puberty: it is needed to develop breasts, have periods and get pregnant. Oestrogen is also thought to affect women's health in other ways. It may influence their mood, cholesterol levels and how their bones grow. Men have very low levels of oestrogen in their bodies, but doctors aren't completely sure what it does. Oestrogen is an important ingredient in most types of contraceptive pill and hormone replacement therapy.

genes

Your genes are the parts of your cells that contain instructions for how your body works. Genes are found on chromosomes, structures that sit in the nucleus at the middle of each of your cells. You have 23 pairs of chromosomes in your normal cells, each of which has thousands of genes. You get one set of chromosomes, and all of the genes that are on them, from each of your parents.

hysterectomy

A hysterectomy is an operation to take out a woman's womb (also called her uterus). Sometimes the ovaries and fallopian tubes are removed as well.

heart attack

Doctors call a heart attack an acute myocardial infarction (or acute MI). This is the name for the damage that occurs to the heart muscle if it isn't getting enough blood and oxygen because a branch of the coronary arteries is blocked. During a heart attack, you may have pain or heaviness over your chest, and pain, numbness or tingling in your jaw and left arm.

stroke

You have a stroke when the blood supply to a part of your brain is cut off. This damages your brain and can cause symptoms like weakness or numbness on one side of your body. You may also find it hard to speak if you've had a stroke.

arthritis

Arthritis is when your joints become inflamed, making them stiff and painful. There are different kinds of arthritis. Osteoarthritis is the most common type. It happens when the cartilage at the end of your bones becomes damaged and then starts to grow abnormally. Rheumatoid arthritis happens because your immune system attacks the lining of your joints.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

stomach ulcer

A stomach ulcer is a break in the surface that covers the inside of your stomach.

diarrhoea

Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

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asthma

Asthma is a disease of the lungs. It makes you wheeze, cough and feel short of breath. Asthma attacks are caused by inflammation and narrowing of your airways, which makes it hard for air to pass in and out of your lungs.

anaesthetic

An anaesthetic is a chemical that blocks the ability to feel sensations like pain or heat. A local anaesthetic blocks the feeling in a specific area of the body. For example, your dentist uses a local anaesthetic like lignocaine in your gums so that you don't feel the pain of having a cavity filled. A general anaesthetic makes you completely unconscious and is usually used only in a carefully controlled environment like an operating room.

blood transfusion

If you've lost too much blood from your body, you may need a blood transfusion to replace it. People with diseases of their blood, like sickle cell anaemia, sometimes need blood transfusions to replace blood that doesn't work properly.

laser

A laser focuses light in a way that makes it able to cut through things. Surgeons sometimes use lasers when they need to do delicate operations.

local anaesthetic

A local anaesthetic is a painkiller that's used to numb one part of your body. You usually get local anaesthetics as injections.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

general anaesthetic

You may have a type of medicine called a general anaesthetic when you have surgery. It is given to make you unconscious so you don't feel pain when you have surgery.

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