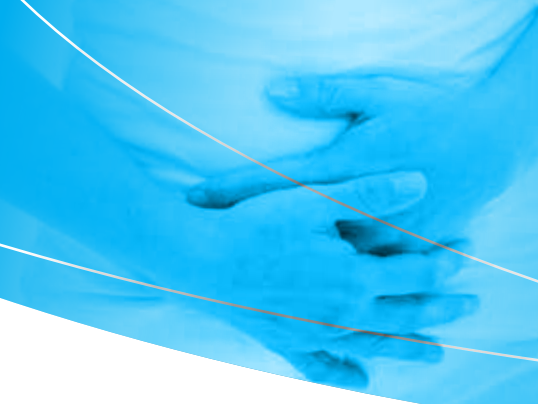
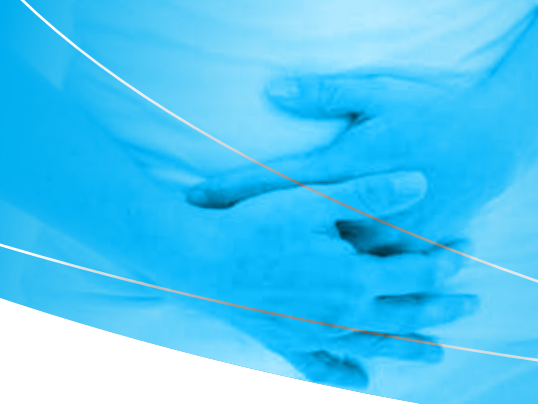


GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

Abnormal uterine bleeding

Heavy, prolonged and/or irregular menstrual bleeding is a common presentation in general practice. Most causes are benign but serious disease needs to be excluded. Many GP registrars will have had limited exposure to women's health in the hospital setting and this presentation can potentially be very challenging.

TEACHING AND LEARNING AREAS		• Basic physiology of menstruation • 'Ovulatory' and 'non-ovulatory' patterns of abnormal uterine bleeding, and common causes of each (including medications) • Red flags for serious causes e.g. PCB, IMB, pelvic pain, weight loss, age • Risk factors for endometrial cancer • Competent PV and speculum examinations • Appropriate investigation for presentations of abnormal uterine bleeding • Management options for common presentations, both medication and surgical • Indications for referral and local pathways
PRE- SESSION ACTIVITIES		• Read the excellent 2019 Mayo Clinic summary article 'Evaluation and management of abnormal uterine bleeding'
TEACHING TIPS AND TRAPS		• New nomenclature for causes of abnormal uterine bleeding – PALM-COEIN • Definition of menorrhagia is excessive menstrual blood loss that has a significant impact on lifestyle or that results in iron deficiency • A detailed history is essential for assessing abnormal uterine bleeding as physical examination is usually normal • Always do a pregnancy test! • Have a low threshold for considering a STI • Hormone testing of women who have heavy menstrual bleeding is not recommended • TVUS is best performed in the first half of the menstrual cycle • Conservative management with a wide variety of drugs is usually effective and is commonly undertaken in general practice without the need for specialist referral • Up to 20% of endometrial cancers are diagnosed in pre-menopausal women • Postmenopausal bleeding always needs evaluation
RESOURCES	**Read**	• Jean Hailes Heavy menstrual bleeding health professional tool • AAFP article (2012) - Evaluation and Management of Abnormal Uterine Bleeding in Premenopausal Women • Cancer Australia Flow Charts - Abnormal Vaginal Bleeding in Pre and Post Menopausal Women • RCH Guidelines Adolescent Menorrhagia
	Listen	• Podcast – Bits and Bumps Managing acute Menorrhagia
FOLLOW UP/ EXTENSION ACTIVITIES		• Undertake the Clinical Reasoning Challenge under exam conditions (7 minutes) • Role play an anxious patient presenting with perimenopausal bleeding and risk factors for endometrial cancer (FHx, overweight, nulliparous)



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Abnormal uterine bleeding

Clinical Reasoning Challenge

Helen is a 43 year old project manager who presents with a six month history of increasingly heavy and irregular periods. She denies any significant PMHx, and takes no medications. She is married, is a never-smoker and drinks alcohol rarely.

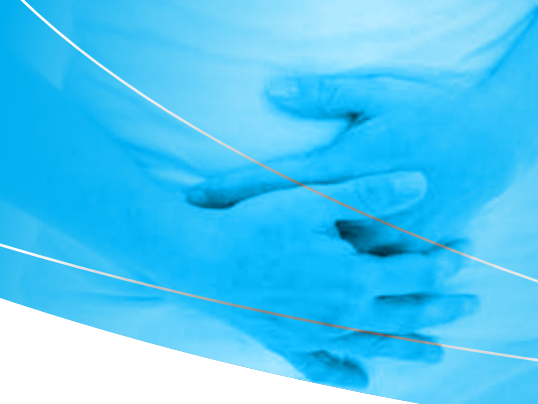
QUESTION 1. What other key features should be sought on history? List the most important features.

QUESTION 2. Further enquiry reveals no significant history. What aspects of a physical examination would you perform? List the most important aspects..

QUESTION 3. Examination is within normal limits. What is the most likely diagnosis?

QUESTION 4. What tests would you order to investigate these symptoms? List as many tests as appropriate.

QUESTION 5. Helen returns a week later for the results of investigations, all of which are normal. What is your next step in management?



Abnormal uterine bleeding

ANSWERS

QUESTION 1

What other key features should be sought on history? List the most important features.

- Pattern of bleeding e.g. IMB, PCB
- Red flag symptoms e.g. pain, fevers, weight loss
- Contraceptive history
- Risk factors for endometrial cancer
- Last pap smear/CST
- Effect on quality of life
- Patient concerns

QUESTION 2

Further enquiry reveals no significant history. What aspects of a physical examination would you perform? List the most important aspects.

- Abdominal exam
- Speculum exam and bimanual (as appropriate)
- Pregnancy test

QUESTION 3

Examination is within normal limits. What is the most likely diagnosis?

- Ovulatory dysfunction (formerly dysfunctional uterine bleeding)

QUESTION 4

What tests would you order to investigate these symptoms? List as many tests as appropriate.

- FBC
- Ferritin
- TSH
- Pregnancy test
- Transvaginal USS

QUESTION 5

Helen returns a week later for the results of investigations, all of which are normal. What is your next step in management?

- Mirena
- Tranexamic acid
- Oral hormonal contraception
- NSAIDs

GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program