Welcome to Project ECHO Population Health Network: Reproductive Health Series

Series 2: Session 5

"Women's health in the midlife: Investigating abnormal bleeding after 40"

Supporting general practice, commissioning health services into gaps and driving service integration.

Acknowledgement of Countries

I'd like to begin by acknowledging the Traditional Owners and custodians of the unceded lands and waterways

- the Wadda Wurrung, Gulidjan, Gadubanud, Keeray Wurrung, Peek Wurrung, Gunditjmara, Djab Wurrung, Wotjobaluk, Dja Dja Wurrung, Jadawadjarli, Wergaia, Jupagalk and Jaadwa peoples.

We recognise their diversity, resilience, and the ongoing place that First Peoples hold in our communities. We pay our respects to the Elders, both past and present and commit to working together in the spirit of mutual understanding, respect and reconciliation. We support self determination for First Nations Peoples and organisations.

Ask the question. Do you identify as Aboriginal or Torres Strait Islander?

Agenda– Reproductive Health Series 2: Session 5

"Women's health in the midlife: Investigating abnormal bleeding after 40"

Facilitator: Dr Bianca Forrester, Clinical Lead of Innovation and Learning, Western Victoria Primary Health Network

Presenter: Dr Edwina Coghlan, Gynaecologist and Fertility, Joan Kirner , OGB Surf Coast, University of Melbourne, Western Clinical School

- Women's health in the midlife: Investigating abnormal bleeding after 40

Case Discussion: Case on the fly – start thinking if you have a case you would like to present

Panel for discussion:

Dr Anne Stephenson, GP, Surfcoast Medical Centre

Dr Kate Graham, Clinical Editor HealthPathways and COVID Clinical Advisor, Western Victoria Primary Health Network

Approach to abnormal uterine bleeding (AUB)

Dr Edwina Coghlan
Gynaecologist and Fertility

Talk outline

1. Review of the FIGO system classification and accepted terminology

2. The Menstrual cycle and role of HPO axis revision

3. History, Examination, Assessment, Imaging based on FIGO 1/2

4. Review of management options

5. Take home messages!

Learning objectives

1. Apply the FIGO 1 and FIGO 2 classification to patients with abnormal uterine bleeding (AUB)

2. Understand the menstrual cycle and the role of the hypothalamic-Pituitary-Axis in maintaining the menstrual cycle

3. Understand and list appropriate investigations for patients with AUB

4. Apply the different management options as a GP

5. Red flags!!

How common is this ?

Prevalence of AUB = 3-30% in reproductive aged women

Can be Acute vs chronic….increases into 40s and this tends to be with associated pathology

There has been confusing terminology in the past to

Accepted Abbreviations Describing Menstrual Symptoms

AUB	Abnormal uterine bleeding
HMB	Heavy menstrual bleeding
HPMB	Heavy and prolonged menstrual bleeding
IMB	Intermenstrual bleeding
PMB	Postmenopausal bleeding

Munro MG, Critchley HOD, Fraser IS. 2018

FIGO 1

Parameter	Normal	Abnormal	☑
Frequency	Absent (no bleeding) = amenorrhea		☐
	Infrequent (>38 days)		☐
	Normal (≥24 to ≤38 days)		☐
	Frequent (<24 days)		☐
Duration	Normal (≤8 days)		☐
	Prolonged (>8 days)		☐
Regularity	Normal or "Regular" (shortest to longest cycle variation: ≤7-9 days)*		☐
	Irregular (shortest to longest cycle variation: ≥8-10 days)*		☐
Flow Volume (patient determined)	Light		☐
	Normal		☐
	Heavy		☐

Parameter			
Intermenstrual Bleeding (IMB) Bleeding between cyclically regular onset of menses	None		☐
	Random		☐
	Cyclic (Predictable)	Early Cycle	☐
		Mid Cycle	☐
		Late Cycle	☐

Parameter		
Unscheduled Bleeding on Progestin ± Estrogen Gonadal Steroids (birth control pills, rings, patches or injections)	Not Applicable (not on gonadal steroid medication)	☐
	None (on gonadal steroid medication)	☐
	Present	

Munro MG, Critchley HOD, Fraser IS. 2018

Dr. Edwina Coghlan

FIGO 2

PALM (structural)

Polyps
Adenomyosis
Leiomyomas

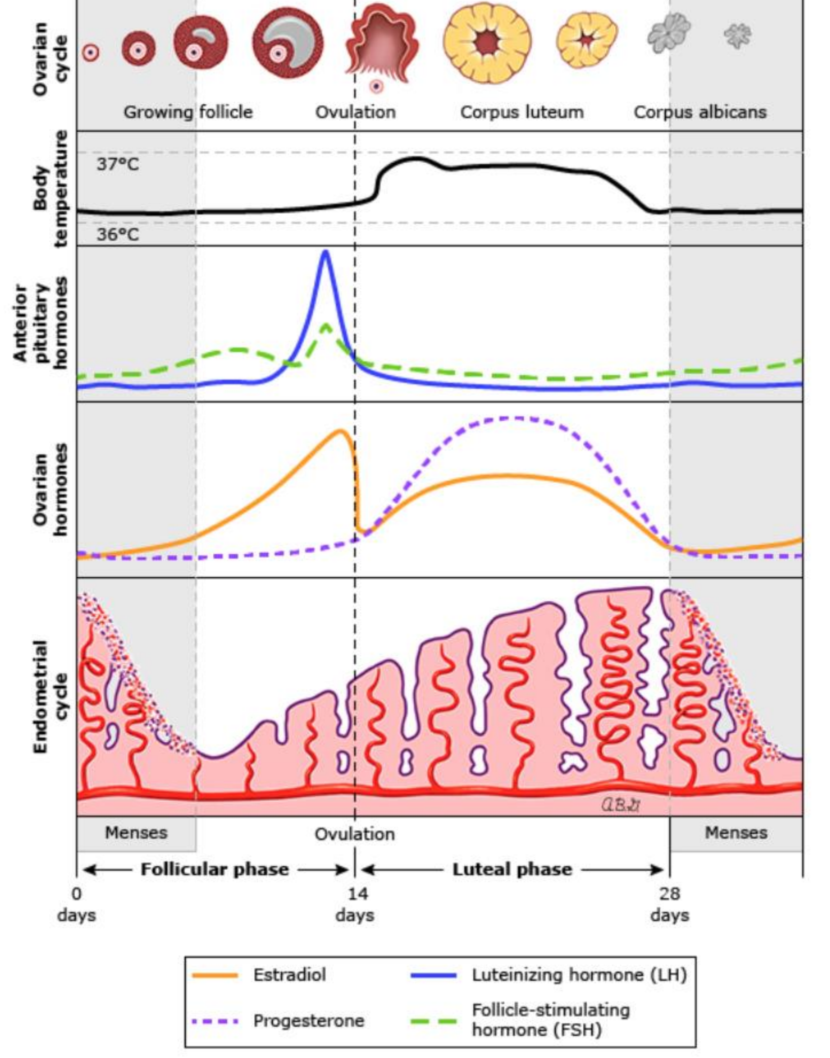
Lsm = at least 1 submucous myoma
Lo = myomas don't impact the endometrial cavity

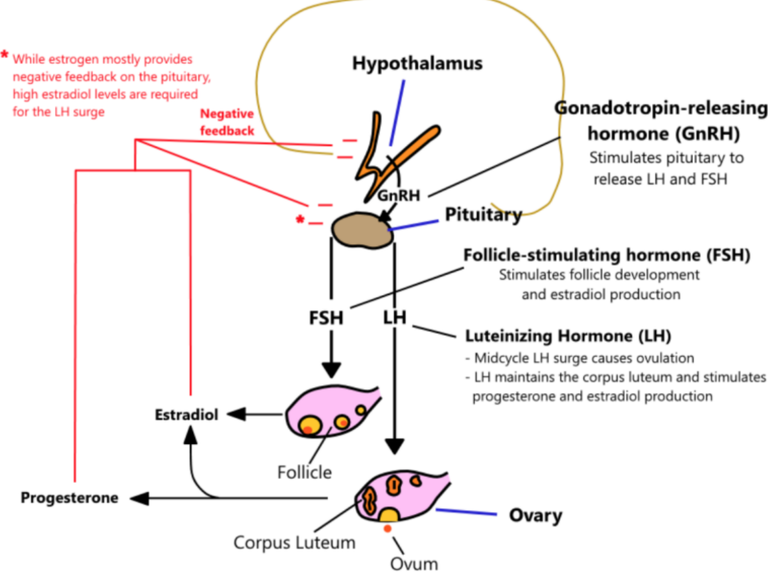
Malignancy/atypical hyperplasia

COEIN (non-structural)

Coagulopathies
Ovulatory disorders
Primary endometrial disorders
Iatrogenic
Not otherwise classified
Example: arteriovenous malformations (AVM's) or lower segment or upper cervical niche (isthmocele) frequently associated with previous CS delivery

Menstrual cycle revision





https://www.straighthealthcare.com/hypothalamic-pituitary-ovarian-axis.html

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https://www.britannica.com/science/menstrual-cycle

Work up

FIGO 1 to think about the symptoms of AUB

FIGO 2 to think about the underlying causes

Then target management depending on the underlying causes

Parameter	Normal / Abnormal		☑
Frequency	Absent (no bleeding) = amenorrhea		☐
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	None (on gonadal steroid medication)		☐
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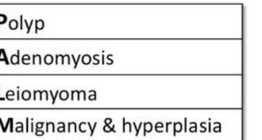
Polyp
Adenomyosis
Leiomyoma
Malignancy & hyperplasia

Coagulopathy
Ovulatory dysfunction
Endometrial
Iatrogenic
Not otherwise classified

Munro MG, Critchley HOD, Fraser IS. 2018

Assessment of AUB

Ensure not pregnant

Assess for iron deficiency

Menstrual history

Is she ovulating or not

- If menses 24-38 days – tends to predict ovulation
- If unsure re ovulatory status
- Serum progesterone (time at mid-luteal phase)

Medication review , is this perimenopause, does she have risk factors for hyperplasia

Munro MG, Critchley HOD, Fraser IS. 2018

Examination

Vaginal examination (Speculum examination) :

Ensure not bleeding from another location e.g. cervix, vagina
Perform STI swabs and Cervical screening test if due

Speculum - Vaginal with LED Light ...
defries.com.au

RED FLAGS

Endometrial cancer or hyperplasia - risk factors include age ≥ 45 years, or > 35 **and** one or more of:

- Weight > 90kg / BMI >30
- Exposure to oestrogen without progestogens; Tamoxifen
- Nulliparity, infertility, or PCOS
- Familial predisposition fulfilling the Amsterdam Criteria [Lynch Syndrome]

Whitaker, L. Critchley, H. O. 2016
Munro MG, Critchley HOD, Fraser IS. 2018

Imaging

Trans vaginal imaging
- To evaluate the endometrium, thickness, polyps
- Evaluate the myometrium
- A good report is vital!

MRI
- Not sexually active
- Can also help to distinguish between myomas and adenomyosis

Management Options ?

- AUB
  - Medical
    - Non-hormonal
    - Hormonal
  - Surgical
    - Myomectomy: hysteroscopic, laparoscopic, open
    - Hysterectomy
  - Other
    - Uterine artery embolisation
    - MRgFUS

And Treat Fe Deficiency

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Management Options –No Fibroid

AUB Sub-classification	Specific treatment
Polyp	Resection
Adenomyosis	Surgery: hysterectomy; adenomyomectomy (not frequently performed)
Malignancy	Surgery +/– adjuvant treatment High-dose progestogens (if surgery not possible) Palliation (including radiotherapy)
Coagulopathy	Tranexamic acid DDVAP
Ovulation	Lifestyle modification Cabergoline (if hyperprolactinaemia) Levothyroxine (if hypothyroid)
Endometrial	Specific therapies await further delineation of underlying mechanisms
Iatrogenic	Refer to FSRH CEU guidance on problematic bleeding with hormonal contraception [56]
Not otherwise classified	Antibiotics for endometritis Embolisation of AV malformation

Whitaker, L. Critchley, H. O. 2016

Management – in the rooms

1. TXA 1 g TDS- QID at time of heavy bleeding (don't take every day)
2. Progesterones orally

-stabilise the lining of the womb...

- PO, 10mg provera. Slinda (drosperinone) , Dinogest, Mirena

Not Implanon for this group of women- good short term but systemic side effects

3. Mirena (60% ammen, 30% reduction, 10% don't like)

4. Ablation, often enough to get through to menopause, same day procedure

5. Hysterectomy if fibroids, endo/adeno

6. If onHRT- make sure on E…..sometimes need to increase the prog

Whitaker, L. Critchley, H. O. 2016

Take home messages

1. Thinking about a structured approach to AUB and allow tailoring of management depending on the underlying cause

2. Don't forget excluding cervical causes in work up for AUB, including STIs

3. TVUSS: A good quality report is important to help guide management. Some Gynaes will scan at the bedside

4. Management : think about underlying causes from PALM COEIN

- hysteroscopy can be diagnostic and curative (ie take out polyp, insert mirena and do ablation)

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8. Lethaby A, Duckitt K, Farquhar C. Non-steroidal anti-inflammatory drugs for heavy menstrual bleeding. The Cochrane database of systematic reviews. 2013 Jan 31(1)

Case on the Fly

- Does anyone have a case they would like to present to Dr Edwina Coghlan??

HealthPathways
PROJECT ECHO Women's Health

WHAT IS HEALTHPATHWAYS?

A web-based information portal providing locally agreed, evidence-based clinical guidelines and referral pathways designed to support primary health care providers, in particular General Practitioners, in the assessment, management and referral of patients.

Provides information on:

- How to assess and manage a range of conditions
- How to refer patients to local specialists and services in the timeliest manner
- Reference materials
- Educational resources
- Patient resources

A dynamic website with new pathways constantly under development and existing pathways regularly reviewed by local GPs and specialists to ensure they remain aligned with best practice, relevant to the local context.

CLINICAL

[Menopause]

[Urinary Incontinence in Women]

[Pelvic Organ Prolapse]

[Persistent Pelvic Pain]

Referral

[Continence Specialist Services]

[Non-acute Gynaecology Assessment (>24 hours)]

[Acute Gynaecology Assessment (Same day)]

CONTACT

•New to HealthPathways?
Visit https://westvic.communityhealthpathways.org/ and select 'register now'

•Use the "send feedback" button on the website or email: healthpathways@westvicphn.com.au

•The HealthPathways team can arrange for passwords to be bypassed if you provide your practice IP address.

WHO CAN USE HEALTHPATHWAYS?

•GPs and Health Professionals within the Western Victoria region can access HealthPathways. The portal is not designed to be used by the general public and can only be accessed by using a secure login and password. There is no cost to access.

Western Victoria PHN – Needs Assessment

We are listening!

- Western Victoria PHN want to understand the needs of the communities that we serve. The 2024 Needs Assessment consultation process is underway.
- Please follow the link and tell us what health issues are most important to you and your community.
- https://www.meetingplacewestvicphn.au/needs-assessment

Session Evaluation

- Please take the time to evaluate this **session**
- Link pasted into the chat

Upcoming Sessions

- **Check your email in January for registration to the new series.**
- We will be back February 2024.

If you have a case, you would like to discuss with the group:

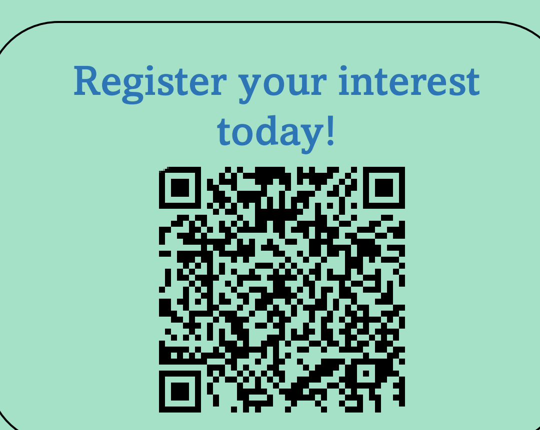
- **Case template** here
- Email projectechocovid19@westvicphn.com.au
- Use the comment box in the evaluation form

Would your general practice like the support of a paediatrician?

Strengthening Care for Rural Children trial (SC4RC) Commencing 2024

- Fortnightly access to a paediatrician via video telehealth for 11 months
- Phone and email support
- Specialised Project ECHO

Register your interest today!



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