Medical Treatments to Manage Periods for Women with Down Syndrome

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Medical treatments If periods continue to be troublesome medical advice should be sought as there is a range of available treatments. It is important to consider the benefits of treatment as well as the potential side effects or risks. The risks of some of the medications used to help with problem periods are greater in certain medical conditions seen more commonly in women with Down’s syndrome, for example valvular heart disease or conditions where the blood is more liable to develop blood clots (e.g. due to immobility, obesity, or a high platelet count). In some cases, the medication may interact with other tablets being taken e.g. epilepsy medication. It is also important to consider how easy the treatment will be to take. For example, some women with learning disabilities may find it difficult to remember to take a daily pill, whilst others may find it better to take medication daily and not have a 7 day break every month. There are different treatment plans and it is important to identify which option will fit best with the woman’s lifestyle and routine. If swallowing tablets or pills is difficult, other types of treatment are available e.g. injection, patch, implant. These treatments can be discussed with the GP or hospital specialists such as a gynaecologist, contraception and sexual health team or paediatrician.

Available treatments Mefenamic acid This is an anti-inflammatory medication which can help reduce pain during periods. It can also help reduce blood loss. It should be taken 3 times a day during a period. Common side effects include nausea and diarrhoea. It should not be used in women with heart failure, asthma or kidney problems and should not be used under the age of 12 years. Tranexamic acid Tranexamic acid can be used for heavy periods. It helps to reduce blood loss by up to 50% during a period. The tablets need to be taken 3 times a day during the period only. Side effects can be nausea, vomiting and diarrhoea. It should not be used in women with a history of thrombosis (blood clots) or convulsions. Hormonal treatments A number of treatments are available which can help with problem periods – making them less painful, lighter, and more regular or stopping them altogether. A number of these treatments are also contraceptives and can be used for both purposes if wished. Norethisterone (NET) This is a progesterone hormone tablet. To regulate periods and reduce blood loss NET tablets can be taken twice daily for 3 weeks, followed by a week off during which a period occurs. This can then be repeated for several months after which the tablets are stopped and periods monitored to see whether they have become lighter and more regular. NET can also be used to delay the start of a period, for example over a holiday. Tablets are taken 3 times a day starting 3 days before the period is expected to start. The tablets should be continued until it is convenient for a period to start. Side effects of NET can include nausea, headache and weight gain.

Combined hormonal contraceptive pill (CHC) This is a tablet that contains 2 types of hormones – oestrogen and progesterone. It works by stopping the ovaries producing an egg each month. The tablet is taken daily for 3 weeks and then during a 7 day break a light bleed occurs. It can be very helpful in the management of painful, heavy and irregular periods. In some women with very troublesome symptoms the tablets are taken continuously for 9 weeks followed by a 7day break so that only 1 bleed occurs in 3 months. The CHC is generally well tolerated but side effects can include skin changes, moods, headaches and nausea. These are usually mild and settle down but sometimes a change in pill type is needed. Irregular bleeding can occur and if this persists a change in medication is recommended. The CHC should not be used in women who have a history of focal migraine, being very overweight, high blood pressure or some types of heart disease. Also any woman who has had thrombosis (blood clot) or is at a high risk of thrombosis due to reduced mobility, high BMI (body mass index) or thrombocythaemia (high platelets) should not use the CHC. All these medical problems will be carefully considered before the CHC is prescribed. Whilst the CHC is being taken it is important that any side effects are discussed as well as monitoring weight and blood pressure. Certain medications interact with the CHC – some antibiotics and epilepsy medications make the CHC less effective and so an alternative dosage or type is advised. As well as helping troublesome periods, as long as the CHC is taken regularly as directed, it is a good contraceptive with over 99% effectiveness. The CHC tablets are small tablets that can be crushed and put with food if necessary.

Patch The patch is a small plaster (approximately 4x4cm) containing similar hormones to the CHC. It is applied to the skin and left in place for 7 days then replaced weekly for 3 weeks after which there is a 7 day break during which a bleed will occur. As it contains similar hormones to the CHC all of its effects and side effects are similar to the CHC. The patch can be useful if swallowing a daily tablet is difficult.

Progesterone only pill – desogestrel Desogestrel is a newer type of pill that just contains a progesterone hormone and can be helpful in some women with problem periods. It is a daily tablet taken without a break. The tablet is crushable. In many women (over 50%) it may stop periods completely or there can be light bleeding. In a few women troublesome bleeding continues. Unlike the CHC, (due to its active ingredients and different safety profile) desogestrel does not require monitoring of blood pressure. Therefore, desogestrel can be useful for women who find blood pressure measurement distressing. Side effects of desogestrel are usually mild but can include nausea, headache, spots and moods. The use of desogestrel with epilepsy medication should be discussed with the doctor. When taken regularly as prescribed, desogestrel is a good contraceptive (over 99% effective at preventing pregnancy).

Depo-provera Depo-Provera (Depo) is a long acting progesterone hormone given as an injection every 10-12 weeks. The injection is usually given into the buttocks but can also be given in the thigh or upper arm. In many women (approximately 60 %) the Depo will stop periods completely but in some women irregular, light bleeding or troublesome bleeding can occur. This bleeding often settles down after 2 or 3 injections but in a few women bleeding continues and the Depo is usually stopped. Other side effects seen can include an increased appetite and weight gain, spots and moods. There have been concerns raised regarding a negative effect of the Depo on bone strength and osteoporosis. Osteoporosis may be more common in women with Down’s syndrome and therefore it is not usually recommended for use within the first 2 years after periods start while bone strength is still increasing.

When the Depo is stopped it can take up to 12 months for periods to return to normal. When the Depo is regularly given every 12 weeks it is over 99% effective as a contraceptive.

Mirena Coil – IUS The Mirena coil is a small T shaped plastic device that is inserted into the womb and contains a small dose of progesterone hormone which is released directly to the womb. The lining of the womb becomes much thinner and as a result periods become much lighter, less painful and in many cases stop altogether. The Mirena coil works for 5 years and once inserted does not require any regular monitoring. To insert the coil a speculum is used (instrument put into the vagina so the cervix can be seen at the top of the vagina). The procedure can be uncomfortable and some women are unable to manage this. It can however be inserted under a general anaesthetic and this is often needed for a woman with a learning disability. The coil can be removed at any time and a speculum is used to visualise the coil. Removal is a quicker and more comfortable procedure compared with insertion. Very few side effects are reported by women using the Mirena coil as the hormone works in the womb. However, there can be irregular bleeding particularly initially, but this usually settles down within the first few months. The Mirena coil is also a very effective (over 99%) contraceptive.

Implant Nexplanon is a progesterone releasing implant that can be helpful with painful, heavy periods. It can reduce blood loss and in some women stops periods completely. It is a small flexible rod, about the size of a matchstick that is inserted under the skin on the inside of the upper arm. The insertion is similar to having an injection, but takes a little longer. The implant lasts for 3 years and removal is usually done using a local anaesthetic to numb the skin. Side effects of the implant include irregular bleeding, which usually settles but occasionally can be problematic, nausea, headaches and an increased number of spots. The implant may be affected by certain epilepsy tablets and antibiotics and in heavier women it may not be effective for the full 3 years. The implant is an excellent (over 99% effective) long acting contraceptive.