

Perimenopausal Bleeding and Bleeding After Menopause

What are menopause and perimenopause?

- Menopause is defined as the absence of menstrual periods for 1 year. The average age of menopause is 51 years, but the normal range is 45 years to 55 years.
- Perimenopause refers to the years leading up to menopause. This term means "around menopause."
- This phase can last for up to 10 years.
- During perimenopause, shifts in hormone levels can affect ovulation and cause changes in the menstrual cycle.

What are some of the common changes that occur in the menstrual cycle during perimenopause?

During a normal menstrual cycle,

- the levels of the hormones estrogen and progesterone increase and decrease in a regular pattern.
- Ovulation occurs in the middle of the cycle
- menstruation occurs about 2 weeks later.

During perimenopause,

- hormone levels may not follow this regular pattern. As a result, you may have irregular bleeding or spotting.
- Some months, your period may be longer and heavier.
- Other months, it may be shorter and lighter. T
- he number of days between periods may increase or decrease.
- You may begin to skip periods.

How can I tell if bleeding is abnormal?

Any bleeding after menopause is abnormal and should be reported to your health care provider. Although the menstrual period may become irregular during perimenopause, you should be alert for abnormal bleeding, which can signal a problem not related to perimenopause.

A good rule to follow is to tell your health care provider if you notice any of the following changes in your monthly cycle:

- Very heavy bleeding
- Bleeding that lasts longer than normal
- Bleeding that occurs more often than every 3 weeks
- Bleeding that occurs after sex or between periods

What are some of the common causes of abnormal bleeding?

■ Polyps—

- Polyps are usually noncancerous growths that develop from tissue similar to the endometrium, the tissue that lines the inside of the uterus.
- They either attach to the uterine wall or develop on the endometrial surface.
- They may cause irregular or heavy bleeding.
- Polyps also can grow on the cervix or inside the cervical canal.
- These polyps may cause bleeding after sex.

■ Endometrial atrophy—

- After menopause, the endometrium may become too thin as a result of low estrogen levels.
- This condition is called endometrial atrophy.
- As the lining thins, you may have abnormal bleeding.

■ Endometrial hyperplasia—

- In this condition, the lining of the uterus thickens.
- It can cause irregular or heavy bleeding.
- Endometrial hyperplasia most often is caused by excess estrogen without enough progesterone.
- In some cases, the cells of the lining become abnormal. This condition, called atypical hyperplasia, can lead to cancer of the uterus.
- When endometrial hyperplasia is diagnosed and treated early, endometrial cancer often can be prevented.
- Bleeding is the most common sign of endometrial cancer in women after menopause.

How is abnormal bleeding diagnosed?

To diagnose the cause of abnormal perimenopausal bleeding or bleeding after menopause, your health care provider will review your personal and family health history. You will have a physical exam. You also may have one or more of the following tests:

- Endometrial biopsy—Using a thin tube, a small amount of tissue is taken from the lining of the uterus. The sample is sent to a lab where it is looked at under a microscope.
- Transvaginal ultrasound—Sound waves are used to create a picture of the pelvic organs

with a device placed in the vagina.

- Sonohysterography—Fluid is injected into the uterus through a tube, called a catheter, while ultrasound images are made of the uterus.
- Hysteroscopy—A thin, lighted tube with a camera at the end, called a hysteroscope, is inserted through the vagina and the opening of the cervix. The hysteroscope allows the inside of the uterus to be seen.
- Dilation and curettage (D&C)—The opening of the cervix is enlarged. Tissue is scraped or suctioned from the lining of the uterus. The tissue is sent to a lab, where it is examined under a microscope.

Some of these tests can be done in your health care provider's office. Others may be done at a hospital or surgical center.

What treatment is available for abnormal bleeding?

Treatment for abnormal perimenopausal bleeding or bleeding after menopause depends on its cause.

- If there are growths (such as polyps) that are causing the bleeding, surgery may be needed to remove them.
- Endometrial atrophy can be treated with medications.
- Endometrial hyperplasia ** can be treated with progestin therapy, which causes the endometrium to shed.
- Thickened areas of the endometrium may be removed using hysteroscopy or D&C.

**Women with endometrial hyperplasia are at increased risk of endometrial cancer.

They need regular endometrial biopsies to make sure that the hyperplasia has been treated and does not return.

Endometrial cancer is treated with surgery (usually hysterectomy with removal of nearby lymph nodes) in most cases.

Discuss your options with your health care provider.