Heavy Periods after 40? How to fix heavy and painful periods Transcript

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Heavy Bleeding in Perimenopause: When to Pay Attention

If a pad or If a pad or tampon soaks in tampon soaks in less than an hour less than an hour or comes out in lumps or comes out in lumps the size of a coin, you the size of a coin, you know what we're talking about.

know what we're talking about. Stop scrolling through the Stop scrolling through the feed. You don't feed. You don't have to put up with this. have to put up with this.

And it's not just And it's not just perimenopause. But perimenopause. But before you panic, before you panic, I want you to take a deep I want you to take a deep breath. I want to breath. I want to talk about heavy talk about heavy periods, periods, periods, perimenopause, and perimenopause, and how how how common it is. I common it is. I see this in my see this in my practice every week.

practice every week. Women are told that it's Women are told that it's completely normal to have heavy and have heavy and irregular cycles. It's irregular cycles.

Why Heavy Periods Happen in Perimenopause

It's part of part of part of perimenopause, and they perimenopause, and they feel feel feel embarrassed because it's embarrassed because it's uncomfortable. This is very uncomfortable. This is very tiring. When you tiring. When you leak at work, leak at work, you know, you have to you know, you have to carry spares with you everywhere carry spares with you everywhere. This is. This is too much. So too much.

The Role of Estrogen & Progesterone

So today I'll tell you today I'll tell you why this happens, how why this happens, how to understand whether it's to understand whether it's normal or an normal or an alarm signal, and what alarm signal, and what real real real control options you have. Because you control options you have. Because you shouldn't suffer and you shouldn't have to shouldn't suffer and you shouldn't have to endure it. There is a way out. I'm Dr.

. There is a way out. I'm Dr. Jennifer Rollins, an integrative integrative medicine obstetrician-gynecologist, and I medicine obstetrician-gynecologist, and I help help help middle-aged women every day. So let's middle-aged women every day. So let's begin. To begin. To understand why understand why bleeding becomes bleeding becomes heavier, you need heavier, you need to know what to know what happens at the hormonal level during perimenopause, hormonal level during perimenopause, because this is almost because this is almost never explained to women.

When you understand this, everything will become logical., everything will become logical. Your menstrual Your menstrual cycle depends on the cycle depends on the interaction of two interaction of two hormones: estrogen hormones: estrogen and progesterone.

and progesterone. Estrogen builds up Estrogen builds up the lining of the the lining of the uterus in the first uterus in the first half of the cycle.

What Happens When You Donu2019t Ovulate

Then, during ovulation— if it if it occurs— occurs— the remnant of the follicle in the remnant of the follicle in the ovary, the ovary, called the corpus called the corpus luteum, produces luteum, produces progesterone.

progesterone. Progesterone Progesterone stabilizes and stabilizes and matures this mucous matures this mucous

membrane. Therefore, when both membrane. Therefore, when both estrogen and estrogen and progesterone drop progesterone drop at the end of the cycle, at the end of the cycle, around day 20-24, around day 20-24, you get a you get a controlled and controlled and orderly orderly orderly menstruation. But this is what menstruation. But this is what happens during happens during perimenopause. You perimenopause. You start having cycles start having cycles because you haven't because you haven't ovulated. That is, ovulated.

Why Periods Become Heavy & Unpredictable

That is, cycles where you don't cycles where you don't ovulate consistently ovulate consistently on time or don't ovulate at all on time or don't ovulate at all. And. And the absence of ovulation the absence of ovulation means the absence of a corpus means the absence of a corpus luteum.

luteum. luteum. The absence of a corpus luteum The absence of a corpus luteum means means means the absence of the absence of the absence of progesterone production. And without progesterone production. And without progesterone progesterone progesterone regulating the lining, regulating the lining, estrogen continues estrogen continues to build it up, and it to build it up, and it becomes thicker and becomes thicker and thicker inside the thicker inside the uterus. And there is no uterus. And there is no stabilizing stabilizing stabilizing counterweight. When counterweight. When the shell finally the shell finally sheds, it sheds, it happens very happens very intensely. It is very intensely. It is very copious, often with copious, often with clots, and clots, and feels quite feels quite dramatic. In dramatic. In Western medicine, we Western medicine, we don't have a don't have a specific term specific term for this, but we often for this, but we often describe it as describe it as estrogen estrogen estrogen dominance dominance dominance because your because your estrogen is not estrogen is not being supported by being supported by progesterone levels. So, progesterone levels.

Whatu2019s Normal During Perimenopause

So, you have high levels of you have high levels of estrogen relative to estrogen relative to progesterone. This is progesterone. This is why menstruation and why menstruation and cycles become very cycles become very unpredictable.

unpredictable. You may miss a You may miss a month altogether because you didn't month altogether because you didn't ovulate, and therefore did ovulate, and therefore did n't have a period, and the next month, and the next month the bleeding will be the bleeding will be heavier when the heavier when the endometrium finally endometrium finally comes out. The schedule comes out. The schedule you've relied on for you've relied on for a long time becomes a long time becomes unreliable almost unreliable almost instantly. So, you instantly. So, you may have shorter may have shorter periods or cycles, periods or cycles, or they may start to or they may start to stretch out over time.

stretch out over time. Here's something that many Here's something that many women don't women don't realize. You realize. You can still occasionally can still occasionally ovulate even ovulate even during perimenopause.

during perimenopause.

When Heavy Bleeding Becomes a Warning Sign

Therefore, you should Therefore, you should use use use contraception if you are contraception if you are not planning a not planning a pregnancy. So, pregnancy. So, during perimenopause, you during perimenopause, you may have alternating may have alternating normal cycles with normal cycles with anovulatory ones, which anovulatory ones, which makes everything chaotic.

makes everything chaotic. And perimenopause And perimenopause always always always feels like chaos. feels like chaos.

When You Should See a Doctor

But when it comes to But when it comes to menstruation, it's because they become they become heavier and more heavier and more unpredictable. unpredictable.

unpredictable. Okay, this is exactly the Okay, this is exactly the section section section you probably you probably came here for. Let came here for. Let me clarify. What is the me clarify. What is the normal range for normal range for perimenopause? This perimenopause? This may be heavier may be heavier bleeding than you are bleeding than you are used to. Maybe used to. Maybe your your your period used to last 4 period used to last 4 or 5 days, but now it lasts 7 or 5 days, but now it lasts 7 or 8. You may or 8.

Other Causes of Heavy Bleeding

You may have clots, but have clots, but they should be they should be smaller smaller smaller than a quarter. than a quarter. Cycles can become Cycles can become shorter or shorter or longer. You may longer. You may miss miss miss your period and then your period and then have heavy bleeding.

have heavy bleeding. All of this corresponds to All of this corresponds to hormonal hormonal hormonal fluctuations during fluctuations during perimenopause. Although perimenopause. Although this is quite annoying, this is quite annoying, disrupts the usual rhythm, disrupts the usual rhythm, and causes and causes discomfort, it is often discomfort, it is often typical and in typical and in itself does not pose a itself does not pose a danger. Let's danger. Let's talk about the talk about the reasons why I want reasons why I want you to see a you to see a doctor. This is when I doctor. This is when I want you to want you to see a doctor.

see a doctor. Let's talk Let's talk about this. So, if about this. So, if a pad or tampon a pad or tampon gets wet every hour gets wet every hour for 1-2 hours—that's for 1-2 hours—that's too much. Passing out too much. Passing out clots larger than a clots larger than a quarter.

Fibroids, Polyps & Adenomyosis

quarter. quarter. Bleeding that lasts Bleeding that lasts longer than 10 days. longer than 10 days. Bleeding between Bleeding between menstruation. So, menstruation. So, if you had a if you had a stable cycle and stable cycle and suddenly have suddenly have spotting or spotting or bleeding in the middle of bleeding in the middle of it, you should it, you should see a doctor.

see a doctor.

Thyroid Issues & Heavy Periods

Dizziness, Dizziness, Dizziness, feeling light- feeling light- headed, or fatigue headed, or fatigue during menstruation during menstruation may be signs of may be signs of significant blood loss.

significant blood loss. Any bleeding. Any bleeding. If you haven't had a If you haven't had a period for period for 12 months, so you're 12 months, so you're officially in menopause, officially in menopause, and now you're and now you're bleeding—you bleeding—you bleeding—you need to get it need to get it checked out right away.

checked out right away. Postmenopausal Postmenopausal Postmenopausal bleeding bleeding bleeding definitely requires definitely requires examination. I want to examination. I want to be honest with you be honest with you about something. When about something. When women come to women come to me with very heavy me with very heavy perimenopausal perimenopausal perimenopausal bleeding, we don't bleeding, we don't say, "It's just say, "It's just perimenopause" and perimenopause" and send them send them home. We rule out home.

Ruling Out Uterine Cancer & Precancerous Changes

We rule out certain conditions because, while it could be, while it could be perimenopause, there are perimenopause, there are many things that many things that mimic it, and it's important mimic it, and it's important

not to miss anything.

not to miss anything. So, let's look at other So, let's look at other causes of heavy causes of heavy bleeding that are not bleeding that are not related to related to perimenopause.

perimenopause. perimenopause. Let's talk Let's talk about them. First, about them. First, uterine fibroids or uterine fibroids or structural abnormalities. Fibroids are.

Why Iron & Ferritin Matter

Fibroids are benign muscle benign muscle tumors in the wall of the tumors in the wall of the uterus. They can uterus. They can be located be located be located inside the uterus. They inside the uterus. They may be on may be on the surface of the uterus.

the surface of the uterus. In fact, they are In fact, they are quite common in quite common in women after the age of 40. women after the age of 40.

Treatment Options for Heavy Bleeding

Some even say that Some even say that up to 70% of women will have up to 70% of women will have them by the age of 50. Many them by the age of 50. Many fibroids do not fibroids do not cause any cause any symptoms at all. But some symptoms at all. But some of them press on the of them press on the endometrium inside the endometrium inside the cavity, cavity, cavity, causing significant causing significant bleeding. And when bleeding. And when combined with combined with hormonal hormonal hormonal changes, this bleeding changes, this bleeding becomes even stronger.

becomes even stronger. Uterine polyps are Uterine polyps are simply small, simply small, benign benign benign growths of the lining of the growths of the lining of the uterus. They are uterus. They are very similar to fibroids very similar to fibroids in that they are also a in that they are also a structural structural structural problem. They problem. They can also cause can also cause heavy bleeding and heavy bleeding and spotting spotting spotting between between between periods.

periods. Secondly, adenomyosis. This is a Secondly, adenomyosis.

Progesterone & Hormonal Treatment Options

This is a condition in which the condition in which the lining of the uterus lining of the uterus grows into the muscle of grows into the muscle of the uterus. It causes the uterus. It causes heavy and painful heavy and painful menstruation. Even menstruation. Even women in their 30s women in their 30s can notice this.

can notice this. But when they But when they start going start going through perimenopause, through perimenopause, the condition worsens the condition worsens due to hormonal due to hormonal fluctuations. On ultrasound, this fluctuations. On ultrasound, this may look like an may look like an enlarged, "soft" enlarged, "soft" uterus. Third, the uterus. Third, the thyroid gland.

thyroid gland. Hypothyroidism is Hypothyroidism is Hypothyroidism is very very very common. In fact, " thyropause"—I even thyropause"—I even made a separate video about it made a separate video about it —is an often —is an often undiagnosed undiagnosed undiagnosed cause of heavy cause of heavy periods in women periods in women after 40. It's worth after 40. It's worth checking out. And checking out. And honestly, everyone over honestly, everyone over 40 should 40 should get a full set of get a full set of tests every year, including tests every year, including thyroid hormones thyroid hormones. And lastly, uterine cancer or uterine cancer or precancerous conditions. I precancerous conditions. I don't want to scare you, don't want to scare you, but since this can but since this can cause heavy cause heavy bleeding, it's important to bleeding, it's important to get tested get tested for this as well. Women in for this as well.

Hormonal IUDs & Birth Control

Women in perimenopause perimenopause perimenopause are at an age are at an age when the risk of uterine cancer when the risk of uterine cancer may increase. If may increase. If you have other factors you have other factors such as obesity, such as obesity, diabetes, lack of diabetes, lack of pregnancies, or a pregnancies, or a family history of family history of uterine or uterine or colon cancer, these colon cancer, these also need to also need to be considered. If be considered. If your doctor suspects a your doctor suspects a structural problem, structural problem, such as a polyp, fibroid, or such as a polyp, fibroid, or adenomyosis, they adenomyosis, they will order an ultrasound and will order an ultrasound and possibly an possibly an endometrial biopsy, which is an endometrial biopsy, which is an office procedure.

office procedure. This is how you can This is how you can assess the condition of the uterine mucosa. So don't be afraid of uterine mucosa. So don't be afraid of these tests. I know these tests. I know they can be they can be unpleasant, but there are unpleasant, but there are many many many good good good pain relief methods available now. It is important that pain relief methods available now. It is important that you get you get tested now and do not tested now and do not ignore these ignore these symptoms. The last symptoms.

Non-Hormonal Treatment Options

The last test I test I want to mention is want to mention is iron. Therefore, heavy iron. Therefore, heavy menstruation can menstruation can cause cause cause blood loss.

blood loss. Blood loss depletes Blood loss depletes iron stores. And iron stores. And many women with many women with heavy heavy heavy perimenopausal perimenopausal perimenopausal bleeding have bleeding have iron deficiency, sometimes iron deficiency, sometimes serious. And they do serious. And they do n't even n't even realize it.

realize it. They just consider They just consider it normal because they have it normal because they have problems: shortness of breath on the problems: shortness of breath on the stairs, stairs, stairs, dizziness, foggy dizziness, foggy head, exhaustion, head, exhaustion, and children running and children running around. Parents around. Parents need care.

need care. But low ferritin, the But low ferritin, the iron store, drops iron store, drops first. Therefore, a first. Therefore, a standard standard standard complete complete complete blood count may blood count may miss it when your miss it when your ferritin is critically ferritin is critically low. I always low. I always check ferritin in check ferritin in every woman after 40 every woman after 40. By the way, I. By the way, I made a whole video about made a whole video about important tests, it's important tests, it's here. Tests that are here. Tests that are important for women important for women after 40. So after 40.

Treating Fibroids, Polyps & Adenomyosis

So check it out too check it out too. If your. If your ferritin is low, ferritin is low, iron intake is iron intake is important and you may important and you may need a need a higher than standard higher than standard pharmacy dose. I usually pharmacy dose. I usually recommend recommend recommend iron bisglycinate; iron bisglycinate; It needs to be It needs to be combined with combined with vitamin C for vitamin C for better absorption, better absorption, but it is milder than but it is milder than ferrous sulfate. But ferrous sulfate. But we also want to we also want to address the cause of address the cause of the blood loss. So you the blood loss. So you check your check your iron levels. Even if iron levels. Even if you have iron deficiency you have iron deficiency anemia, what are we going to anemia, what are we going to do about heavy do about heavy menstruation? And that's exactly what menstruation? And that's exactly what I'll talk about I'll talk about next. So stay next. So stay with us. You have with us. You have real options, and I real options, and I want you to know about want you to know about all of them. So, all of them. So, first the hormonal first the hormonal options. Since options. Since the problem is usually the problem is usually low low low progesterone progesterone progesterone compared to compared to estrogen, estrogen, progesterone helps most women. Taking progesterone helps most women.

Supporting Progesterone Naturally

Taking oral oral oral micronized micronized micronized progesterone (progesterone (brand name Prometrium or brand name Prometrium or prescription version) is prescription version) is great for great for women with heavy women with heavy periods. You periods. You can take it can take it cyclically, from day 14 to 28 cyclically, from day 14 to 28, or continuously. It depends on what stage of what stage of perimenopause you perimenopause you are in, are in, right? It also right? It also helps with sleep, which is helps with sleep, which is also just great.

also just great. It can reduce It can reduce blood loss in blood loss in many women, and many women, and many of them will say, many of them will say, "Oh, my cycles "Oh, my cycles are back to normal." You may also want." You may also want to consider a to consider a to consider a hormonal hormonal hormonal intrauterine intrauterine intrauterine device. For example, device. For example, Mirena, Liletta, there are many Mirena, Liletta, there are many companies. It companies. It delivers delivers delivers progesterone progesterone progesterone directly to directly to the lining of the lining of the uterus. This is one of the the uterus. This is one of the most effective most effective most effective treatments for treatments for heavy menstruation, heavy menstruation, even in even in perimenopausal women. And perimenopausal women.

Magnesium & Hormonal Health

And the bonus is that it's a the bonus is that it's a great great great contraceptive option if contraceptive option if you need it. you need it. It is now valid for up to 8 It is now valid for up to 8 years. So you can years. So you can actually go through your actually go through your period before menopause and period before menopause and not need not need anything else for anything else for contraception, which is very contraception, which is very convenient. You convenient. You can also take can also take oral oral oral progesterone progesterone progesterone in addition if you in addition if you start having trouble start having trouble sleeping. It's important to know sleeping. It's important to know that during that during perimenopause, perimenopause, perimenopause, ovulation can still ovulation can still occur even occur even if your cycles if your cycles become irregular. So if you. So if you need need need contraception, contraception, contraception, be sure be sure be sure to discuss this to discuss this issue.

issue. issue. Low-dose Low-dose Low-dose hormonal hormonal hormonal contraceptives, such contraceptives, such as pills, patches, as pills, patches, or rings, or rings, can also regulate your can also regulate your cycle, reduce cycle, reduce bleeding, and bleeding, and provide protection provide protection against unwanted against unwanted pregnancy. So pregnancy. So they they they also suit some women. If also suit some women.

Anti-Inflammatory Diet & Foods to Limit

If you have a contraindication you have a contraindication to estrogen to estrogen and cannot and cannot take it, another take it, another option is progesterone-only pills.

progesterone-only pills. Non-hormonal Non-hormonal Non-hormonal treatments may treatments may include include include medications such as medications such as ibuprofen or ibuprofen or tranexamic acid. They both. They both reduce reduce reduce blood loss, sometimes by up to blood loss, sometimes by up to 40% on the days of heaviest 40% on the days of heaviest bleeding. You bleeding. You start taking them start taking them just before your just before your expected expected expected period or at the period or at the very beginning of it; very beginning of it; They help They help reduce the pain of reduce the pain of cramps, as well as the cramps, as well as the bleeding itself. This is a good bleeding itself. This is a good short-term short-term short-term option, but if option, but if you have heavy you have heavy periods for the periods for the next 4–6 years, next 4–6 years, you probably you probably need a different need a different approach. So, let's approach. So, let's talk about the talk about the structural causes structural causes that I mentioned that I mentioned earlier: fibroids, polyps, earlier: fibroids, polyps, adenomyosis. There are specific treatments for each adenomyosis. There are specific treatments for each of these structural of these structural problems problems.

. Hysteroscopic Hysteroscopic Hysteroscopic removal, or removal, or hysteroscopy, can hysteroscopy, can help

remove help remove polyps. Sometimes polyps.

What to Do If Heavy Bleeding Continues

Sometimes a hysterectomy is needed to a hysterectomy is needed to remove large remove large fibroids that are difficult fibroids that are difficult to control and that to control and that are located outside the are located outside the uterus. But this is a uterus. But this is a question that should be question that should be discussed with your discussed with your gynecologist, gynecologist, gynecologist, as there are both as there are both hormonal and hormonal and surgical surgical surgical treatment options. In addition to treatment options. In addition to drug drug drug treatment, I advise treatment, I advise patients patients patients to maintain progesterone levels to maintain progesterone levels naturally naturally with magnesium with magnesium glycinate; in fact, glycinate; in fact, magnesium is involved in magnesium is involved in over 300 reactions in the over 300 reactions in the body. It body. It supports supports supports hormonal hormonal hormonal signaling pathways signaling pathways involved in involved in progesterone production. In progesterone production. In addition, it is great for addition, it is great for improving improving improving sleep. It also sleep. It also reduces inflammation.

reduces inflammation. You should also You should also combine this with an combine this with an anti-inflammatory anti-inflammatory anti-inflammatory diet. It is worth diet.

Your Options for Managing Perimenopause Bleeding

It is worth limiting the consumption of limiting the consumption of sugar, refined sugar, refined carbohydrates, and carbohydrates, and alcohol, as alcohol, as they can significantly they can significantly increase increase increase hormonal hormonal hormonal imbalances, imbalances, imbalances, cause heavy cause heavy bleeding, and bleeding, and worsen worsen worsen thyroid diseases.

thyroid diseases. Therefore, following an Therefore, following an anti-inflammatory diet anti-inflammatory diet is equally important. is equally important.

If your bleeding is If your bleeding is caused by low caused by low progesterone levels progesterone levels and you are interested in other and you are interested in other bioidentical bioidentical bioidentical hormone therapies, hormone therapies, watch my watch my next video—“A next video—“A Doctor’s Guide to Doctor’s Guide to Hormone Replacement Hormone Replacement Hormone Replacement Therapy.” It Therapy.” It considers all considers all options for options for options for using both using both estrogen and estrogen and progesterone. If progesterone.

Final Takeaway & Next Steps

If you like this you like this content, please like content, please like,,, subscribe, and subscribe, and comment on what you comment on what you would like to learn would like to learn more about. I love more about. I love speaking on various speaking on various topics related to perimenopause topics related to perimenopause and menopause, and I would be and menopause, and I would be happy to create happy to create content that you content that you