PIPADOR REVISION

MRCOG Part 1 Revision Notes

Drugs for Menorrhagia

PHARMACOLOGY • LECTURE 395

VISUAL EXAMINATION REVISION NOTES

2026 Edition

395

MRCOG PART 1 REVISION NOTES | PHARMACOLOGY

Drugs for Menorrhagia

Pharmacological management of heavy menstrual bleeding — NICE NG88, mechanisms and cautions

LNG-IUS	Tranexamic acid	NSAIDs	GnRH
First line (NICE NG88)	↓ Loss ≈ 50%	↓ Loss ≈ 25–30%	Pre-op / 2nd line

■ KEY FACTS: Learning objectives

- Describe drugs for heavy menstrual bleeding and their mechanisms.
- Describe the NICE NG88 approach.
- Describe adverse effects and contraindications.

395.1 Approach

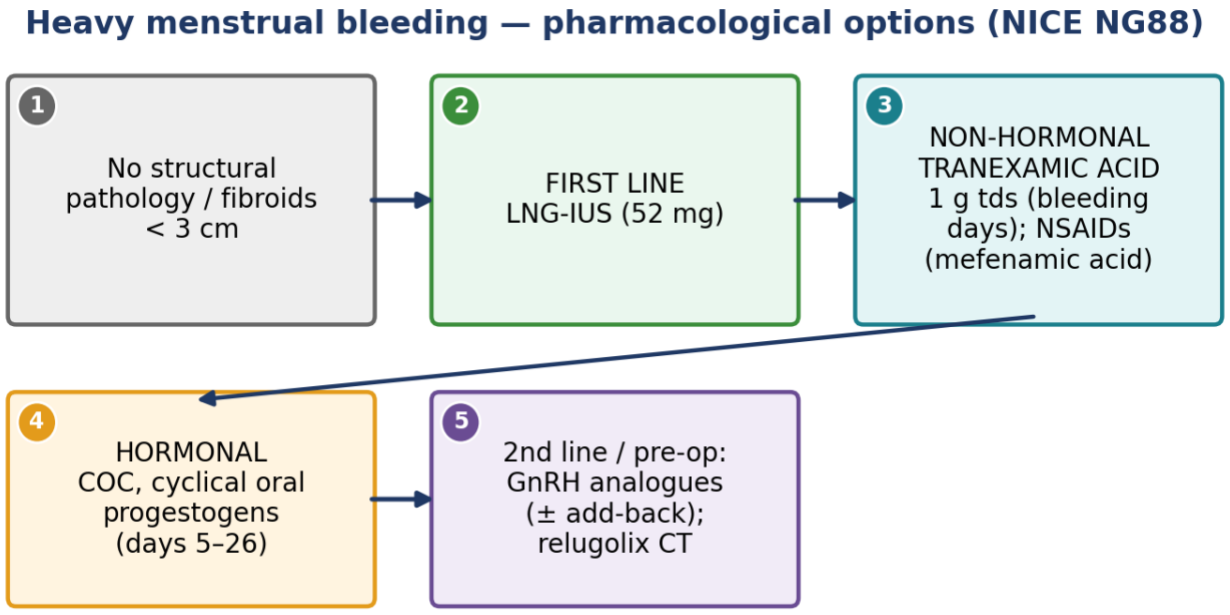


Figure 395.1 — Pharmacological options (NICE NG88)

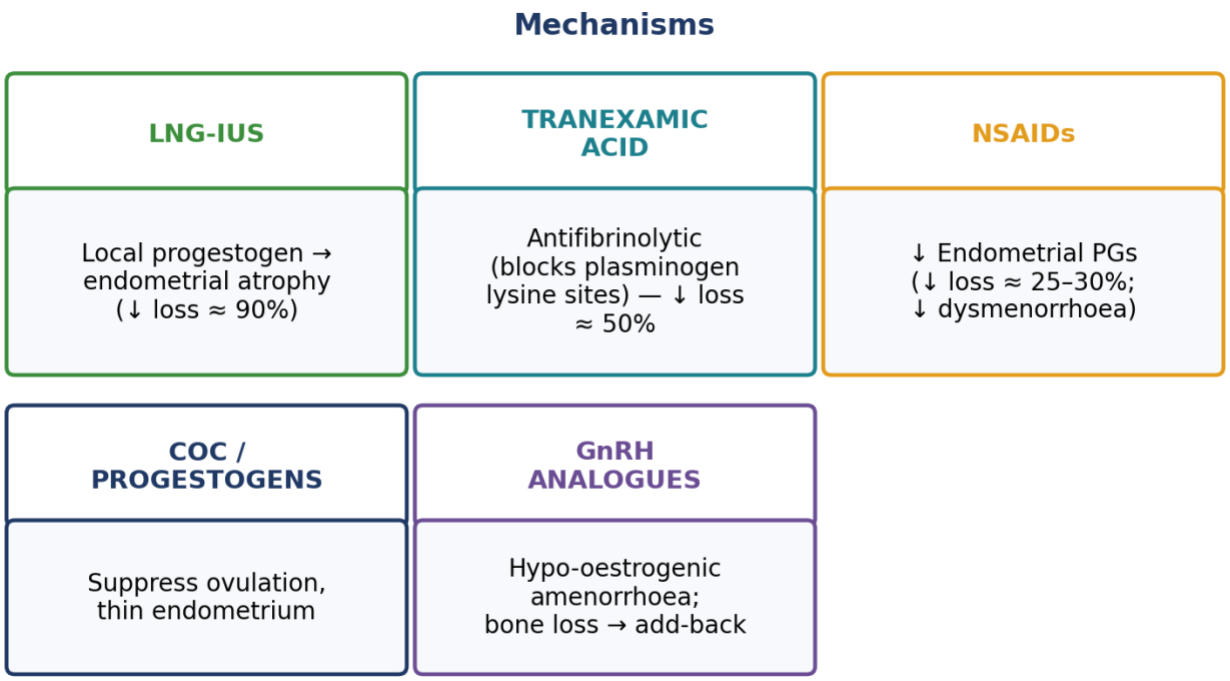


Figure 395.2 — Mechanisms

395.2 Drugs

Drug	Adverse effects / contraindications
LNG-IUS	• Irregular bleeding first 3–6 months, hormonal side effects • Contraception for up to 8 yr (52 mg)
Tranexamic acid	• GI upset • Contraindicated in active VTE/thromboembolic disease • No ↑ VTE in women without risk
Mefenamic acid / NSAIDs	GI, renal, asthma; also treat dysmenorrhoea
COC	UKMEC restrictions (VTE, migraine with aura, smoking ≥ 35)
Oral progestogens (norethisterone days 5–26)	• Bloating, mood, VTE (high dose) • Acute heavy bleeding — norethisterone 5 mg tds
GnRH analogues	• Menopausal symptoms, bone loss (> 6 months — add-back HRT) • Shrink fibroids pre-op
Ulipristal acetate	Restricted (liver injury) — only if surgery/UAE unsuitable
Relugolix CT	Oral GnRH antagonist + add-back — fibroid HMB

395.3 Must-know summary

■ EXAM TIP

- LNG-IUS first line when no large fibroids/structural cause.
- Non-hormonal: tranexamic acid (antifibrinolytic), NSAIDs (↓ PGs).
- Hormonal: COC, cyclical progestogens; GnRH analogues with add-back for 2nd line/pre-op.
- Ulipristal restricted (liver injury).

■ MNEMONIC / MEMORY AID

HMB drugs — 'LNG first, then Tranexamic, Tablets (COC), Then GnRH'.