

EDITORIAL

Indiscriminate use of Hormone in Managing Abnormal Uterine Bleeding: A Call for Caution

Nahar S

The queue of patients of all ages with abnormal uterine bleeding (AUB) outside the gynecology chamber has been getting longer now-a-days. Unfortunately almost all of them already remain on hormonal therapy such as progesterone or combined oral contraceptive pill. The terrifying fact is medication was suggested by relatives, self and other un-authorized persons. There's a question about whether hormones will be added to over-the-counter (OTC) drug list in near future!

In recent years there has been a concerning trend in medical community regarding management of AUB with indiscriminate hormonal use.

AUB is a multifactorial disorder with uterine bleeding having any deviation from normal menstrual pattern excluding bleeding from cervix, lower genital tract and from pregnancy complications.

The FIGO PALM-COEIN classification categorized AUB into 9 basic types that are arranged according to acronym PALM-COEIN: polyp (AUB-P); adenomyosis (AUB-A); leiomyoma (AUB-L); malignancy and hyperplasia (AUB-M); coagulopathy (AUB-C); ovulatory dysfunction (AUB-O); endometrial (AUB-E) ; iatrogenic (AUB-I) and not otherwise classified (AUB-N).

The management of AUB needs holistic and patient-centered (not symptom centered) approach. This entails comprehensive evaluation including detailed history, through examination specially per-speculum examination and appropriate diagnostic tests such as TVS, hysteroscopy, endometrial biopsy and coagulation profile. Such an approach is imperative to identify the root cause and subsequent tailored treatment.

Hormones play an important role for regulating menstrual cycle and reducing excessive bleeding. Out of 9 categories only AUB-O and AUB-E require hormonal treatment and rest 7 require different surgeries, non-hormonal medication (tranexamic acid, NSAID), chemotherapy, radiotherapy etc.

One-size-fits-all approach such as routine prescription of hormones in all types of AUB without identifying the route cause could results in delayed diagnosis and treatment, persistence or recurrence of symptoms, dreadful masking of disease like pre-invasive endometrial hyperplasia and malignancy. Furthermore long term use of hormones carry inherent risk of breast cancer, metabolic, cardio-vascular and thromboembolic events.

In conclusion, while hormones play a valuable role in some categories of AUB, its indiscriminate use raises significant challenges to patient care and safety. Ongoing education with seminar-symposium can raise awareness among the healthcare providers regarding widespread irrational use of hormones. Consequently with adoption of patient-centered approach guided by evidence-based practice the healthcare providers can make a paradigm shift in managing distressed women with AUB.

Prof. Dr. Shamsun Nahar

Professor & Head of OB-GYN
Central Medical College, Cumilla.
Mobile: +8801716551941
Email: drsn101@gmail.com