Summary of Recommended Guideline

The Office Management of Dysfunctional Uterine Bleeding (DUB)*


Rating (out of 4):

Scope The guideline is intended for all physicians who deal with women who have dysfunctional uterine bleeding*. Although the guideline presents itself as a review for OB/Gyn Specialists, the following summary is provided for primary care physicians.

Clinical Question

What is the recommended initial management of dysfunctional uterine bleeding?

Below is a summary of the published evidence in this area. A link to the clinical algorithm to guide additional clinical steps for which there is insufficient evidence is provided on our website: www.gacguidelines.ca search term Dysfunctional Uterine Bleeding or visit http://www.rcog.org.uk search term Menorrhagia.

Good Evidence

- That the following therapies available to the general practitioner ARE EFFECTIVE in reducing DUB*
  - tranexamic acid and mefenamic acid
  - Combined oral contraceptives
  - Antifibrinolytic drugs and non-steroidal anti-inflammatory drugs in women with intrauterine contraceptive devices.
  - A progestogen-releasing intrauterine device
  - Second line drugs such as danazol, gestrinon, and gonadotrophin releasing hormone analogues, but side effects limit their long-term use.
- That the following therapies (which may require specialist referral) ARE EFFECTIVE in reducing DUB, but carry procedural risks
  - Endometrial ablative procedures
  - Hysterectomy
  - Hysteroscopy for diagnosis of intrauterine lesions (GOOD evidence) and therapy of polyps and fibroids (FAIR evidence)
That the following therapies ARE NOT EFFECTIVE in reducing DUB
  - Low dose, luteal phase administration of norethisterone

**Fair Evidence to recommend**

FOR - The following investigations:
  1) initially - CBC
  2) transvaginal ultrasound patients unresponsive to initial management

AGAINST - the following investigations:
  1) endocrine evaluations
  2) dilatation and curettage is not better than hysteroscopy plus biopsy

**Insufficient Evidence to recommend for or against**

Important clinical considerations for which insufficient clinical evidence exists are:
  1) the benefit of transabdominal ultrasound in DUB
  2) the risk of cancer associated with DUB
  3) the endometrial thickness threshold which should be used to guide biopsy

* Key words: Dysfunctional Uterine Bleeding/Heavy Menstrual bleeding / Menorrhagia/

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