



DUB

Dysfunctional
Uterine Bleeding

Definition



Abnormal Uterine Bleeding (AUB), previously referred to as **Dysfunctional Uterine Bleeding (DUB)**, is a broad term which describes irregularities in a woman's menstrual cycle. *It involves changes in frequency, regularity, duration, and volume* of menstrual blood flow outside of pregnancy.^{1a}

A normal menstrual cycle has a frequency of 24 - 38 days, lasts 2 - 7 days, with approximately 5 - 80 millilitres of blood loss. **Variations** in any of these parameters is an abnormal bleeding pattern.^{1b}

AUB is responsible for roughly one-third of all outpatient gynaecological visits, particularly in the **perimenopausal period** (period immediately prior to menopause and the first year after menopause.)^{2a} More than 90 % of women experience at least one episode of **AUB**, and 78 % of them at least three episodes of **AUB** during their transition to menopause.^{2b}

It is a significant disorder in women as it may impact negatively on the **social, financial, emotional, and personal life** of the patient and also impacts work and relationships.^{3a}

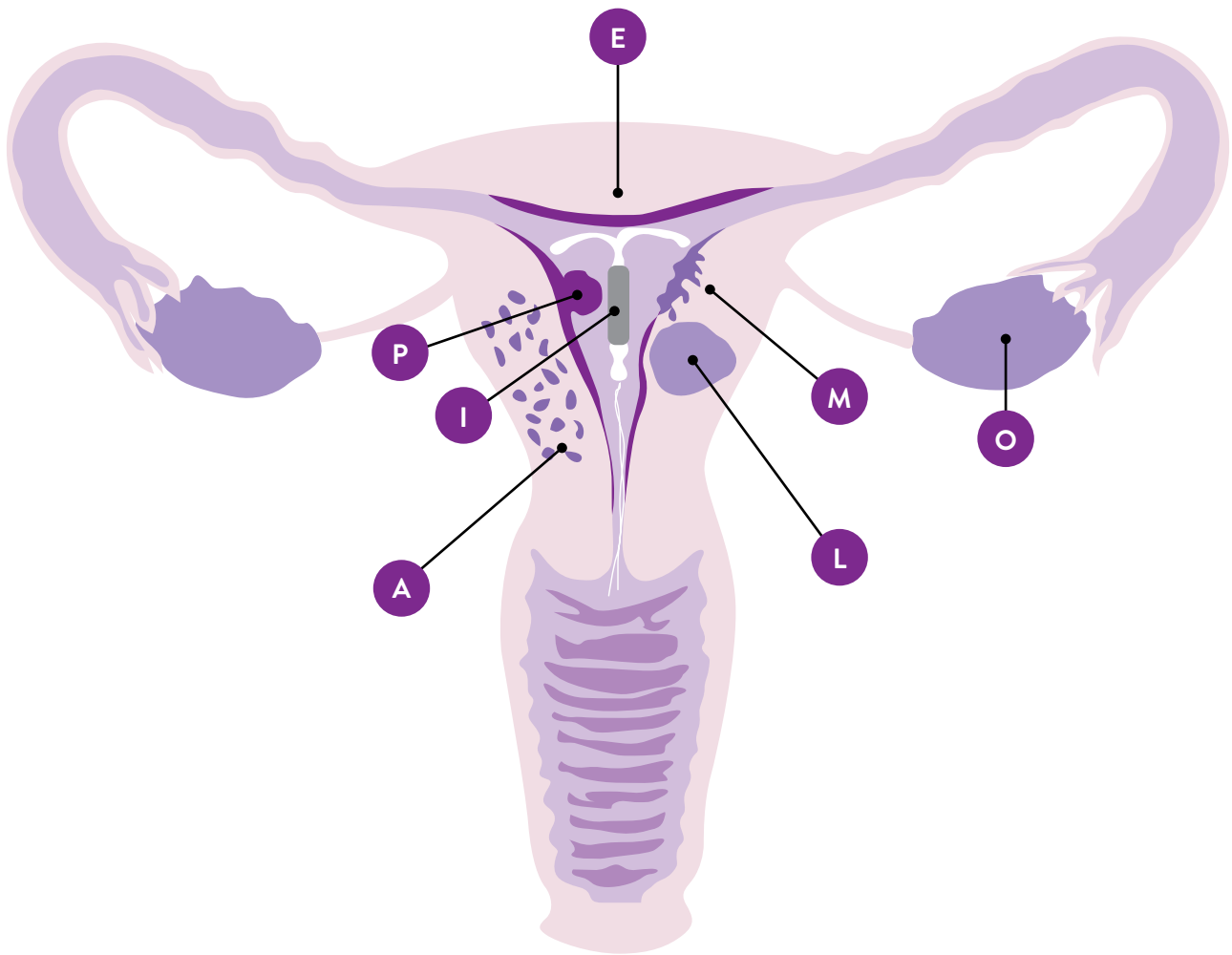
Causes of AUB



Any derangement in the structure of the uterus (such as *leiomyoma*, *polyps*, *adenomyosis*, *malignancy*, or *hyperplasia*), derangements to the clotting pathways (*coagulopathies*), or disruption of the hypothalamic-pituitary-ovarian axis (through *ovulatory/endocrine disorders*) can affect menstruation and lead to **abnormal uterine bleeding**.^{1e}

PALM-COEIN is a useful acronym provided by the International Federation of Obstetrics and Gynecology (**FIGO**) to classify the underlying causes of abnormal uterine bleeding (Figure 1).^{1c,2c}

Figure 1: FIGO Classification of AUB^{2d}



Structural Causes

- **P**olyps
- **A**denomyosis
- **L**eiomyomas
- **M**alignancy

Non-Structural Causes

- **O**vulatory
- **E**ndometrial
- **I**atrogenic
- **N**ot otherwise classified

Conditions to be included in the 'not otherwise classified' category include pelvic inflammatory disease, chronic liver disease, and cervicitis.^{1d}

Recognising the symptoms

1

Abnormal Bleeding⁴

Bleeding in any of the following situations is considered abnormal:

- Bleeding or spotting between periods
- Bleeding or spotting after sex
- Heavy bleeding during your period
 - Bleeding that soaks through one or more tampons or pads every hour
 - Bleeding that lasts more than 7 days
- Menstrual cycles that are longer than 35 days or shorter than 21 days
- “Irregular” periods in which cycle length varies by more than 7 to 9 days
- Not having a period for 3 to 6 months
- Bleeding after menopause

2

Associated symptoms/Systemic symptoms^{1f}

These symptoms may be associated with an underlying cause for abnormal bleeding:

- Weight loss
- Pain
- Discharge
- Bowel or bladder symptoms
- Signs/symptoms of anaemia
- Signs/symptoms or history of a bleeding disorder
- Signs/symptoms or history of endocrine disorders

Evaluation and diagnosis of AUB



It is **important to establish the origin of the abnormal bleeding** to ensure it is not from a non-gynaecological source and to rule out pregnancy.^{3b}

A **Healthcare Practitioner (HCP)** will perform a routine gynaecological and take a detailed medical history, including cervical screening, medication history, and risk factors for endometrial hyperplasia (thickening) or endometrial cancer (**AUB** is an important sign of malignancy).^{3c}

Laboratory tests and imaging studies (transvaginal ultrasound, MRI, and hysteroscopy) assist with identifying the underlying causes of bleeding.^{1g}

Table 1:

| Healthcare Practitioner Clinical Assessment in patients with AUB | |
|---|--|
| Detailed history Physical examination | <ul style="list-style-type: none">• Include frequency, duration, regularity, and flow volume, presence of any intermenstrual bleeding and unscheduled bleeding on hormonal treatment.^{3d}• Establish the effect that the bleeding has on a woman's quality of life.^{3d}• General physical examination to look for signs of systemic disease such as anaemia (pale skin), thyroid disease, or polycystic ovary syndrome.^{3e} |
| Special investigations | <ul style="list-style-type: none">• Vaginal speculum exam.^{3e}• Transvaginal ultrasound (TVS).^{1g,3f}• Hysteroscopy (procedure to examine the inside of the womb).^{1g}• An endometrial biopsy (tissue sampling) is done if possible and appropriate.^{3g} |
| Blood investigations | <ul style="list-style-type: none">• Beta-HCG to exclude pregnancy.^{5a}• Full blood count (FBC), thyroid investigations (TSH and T4) or hormonal tests if needed.^{5a} |

Treatment options for patients with AUB

Treatment of AUB should be individualised based on the patient's specific profile.

This approach focuses on the cause of bleeding, other associated medical conditions and the desire for fertility. In general, medical options are preferred as initial treatment for AUB.^{1h}

Hormonal
treatment
options^{5b}

Non-hormonal
treatment
options^{5b}

Surgical
treatment
options^{5b}



Prognosis

The prognosis for **abnormal uterine bleeding** is favourable depending on the cause of bleeding. The main goal of evaluating and treating chronic **AUB** is to rule out serious conditions such as malignancy and improve the patient's quality of life.¹ⁱ

Correct evaluation and prompt **treatment will reduce complications** such as anaemia, infertility and delayed diagnosis of endometrial cancer.^{1j}

References: 1. Davis E, Spartzak PB. Abnormal Uterine Bleeding. [Updated 2022 Sep 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532913/>. 2. Vitale SG, Watrowski R, Barra F, et al. Abnormal Uterine Bleeding in Perimenopausal Women: The Role of Hysteroscopy and Its Impact on Quality of Life and Sexuality. *Diagnostics (Basel)*. 2022 May 9;12(5):1176. 3. MacGregor R, Jain V, Hillman S, et al. Investigating abnormal uterine bleeding in reproductive aged women. *BMJ*. 2022 Sep 16;378:e070906. 4. <https://www.acog.org/womens-health/faqs/abnormal-uterine-bleeding>. 5. <https://sasog.co.za/wp-content/uploads/2021/03/AUB-ClinGuide-Sasog-final-GD-approved.pdf>.

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