

THE **Beat**

A publication of
the North American
Thrombosis Forum



Bleeding and Blood Thinners: What to Know About Heavy Periods

When choosing an anticoagulant (blood thinner) for a patient, prescribers must weigh the risk of a major bleed against the risk of a blood clot. A major bleed is a medical emergency, but doctors are less concerned about minor bleeds, such as nosebleeds, easy bruising, etc, which don't require urgent medical care.

However, bleeding that's considered "minor" can greatly impact a person's quality of life. Minor bleeding can cause significant anxiety and result in missed work, school, or social obligations and activities. About [54%](#) of patients on anticoagulants report that they've adjusted their lifestyles as a result of bleeding.

With the range of effects that bleeding can have, many experts now prefer the term "patient-relevant bleeding" instead of "minor bleeding." Even though such bleeding may not be life-threatening, it can still greatly impact a person's life. In women who take blood thinners, heavy periods—also called heavy menstrual bleeding or HMB—is a common example of patient-relevant bleeding.

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How does anticoagulation affect a woman's period?

Women on anticoagulation may have periods that are significantly heavier than before they started treatment. Studies have shown that up to [70%](#) of women on oral blood thinners experience menstrual bleeding that's heavy enough to be of concern. Some women may also experience other types of abnormal bleeding, such as bleeding between periods or after menopause.

HMB can significantly disrupt a woman's life. Women with heavy bleeding may have to change their pad, tampon, or cup very frequently (sometimes as often as every half-hour) and can experience leakage if their bleeding is too heavy for menstrual products to absorb. If left untreated, HMB can also lead to a low red blood cell count, better known as [anemia](#).

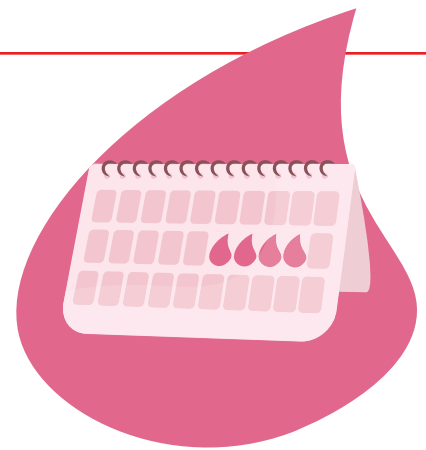
How can HMB be managed?

Most women who take blood thinners should continue their treatment unless told otherwise by their doctor. (Never stop taking anticoagulation—or any medication—without consulting your doctor or prescriber.) Some women have noticed improvement

in HMB after [switching to a different anticoagulant](#). If you have HMB, your doctor may be able to prescribe a different blood thinner.

After a discussion with your doctor, hormone treatments are often the first option for managing HMB. These therapies can make the uterine lining thinner, resulting in less menstrual bleeding. They include:

- **A combined hormonal contraceptive (known as a CHC or birth control pill, patch, or ring):** CHCs contain both estrogen and progesterone, which can help improve HMB. While there is an increased risk of blood clots with these medications, [data](#) shows that for many women, the benefits of birth control pills for regulating



HMB outweigh the risk of clots while taking blood thinners.

- **Progestin-only hormone therapies:** These include a progestin-only pill taken daily, an implant placed under the skin, a long-acting injection, or a progestin-containing intrauterine device (IUD).

You should also discuss your HMB with your doctor.

Though it can feel awkward or embarrassing to talk about your period, your doctor has expertise in navigating these conversations. Additionally, your healthcare team can't give you the best care if they don't know what you're going through.

Helpful information to share includes:

- **How many days apart your periods are**
- **How long each period lasts**
- **How many pads/tampons you go through on the heaviest day of your period**
- **Whether you experience bleeding or spotting between periods**
- **What changes have occurred since you started taking anticoagulants**

Tracking your menstrual cycle or keeping a diary can also help you document this information for your doctor.

You may also want to spend some time learning more about HMB so you can prepare any questions that you'd like to ask during the appointment. There are a variety of excellent [patient resources](#) available on this topic.

| Pads | Day 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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Image courtesy of the CDC

Beyond hormone therapy, there are some procedures that can resolve HMB – but these are reserved for extreme cases of HMB*. These procedures include:

- **Endometrial ablation:** In this procedure, an instrument is inserted through the cervix that uses heat or cold to ablate (remove) the endometrium (the lining of the uterus).
- **Uterine artery embolization:** A procedure that blocks blood supply to the uterus to help control bleeding.
- **Hysterectomy:** A surgery to completely remove the uterus. This procedure is permanent and cannot be reversed, so it is truly a last resort.

*It is **critical** to know that while these procedures can improve or resolve HMB, they also threaten a woman’s fertility or ability to have a healthy pregnancy. These treatments are only recommended for women who are done having children or who are certain that they do not want children.



If you take an anticoagulant and experience any type of bleeding that concerns you (including bruising easily, bleeding from cuts, having nosebleeds, or bleeding into the whites of your eyes), talk with your doctor about it. However, you should never stop your anticoagulation on your own, because this could increase your risk of a serious clotting event.

Newsworthy Notes from Summer 2023

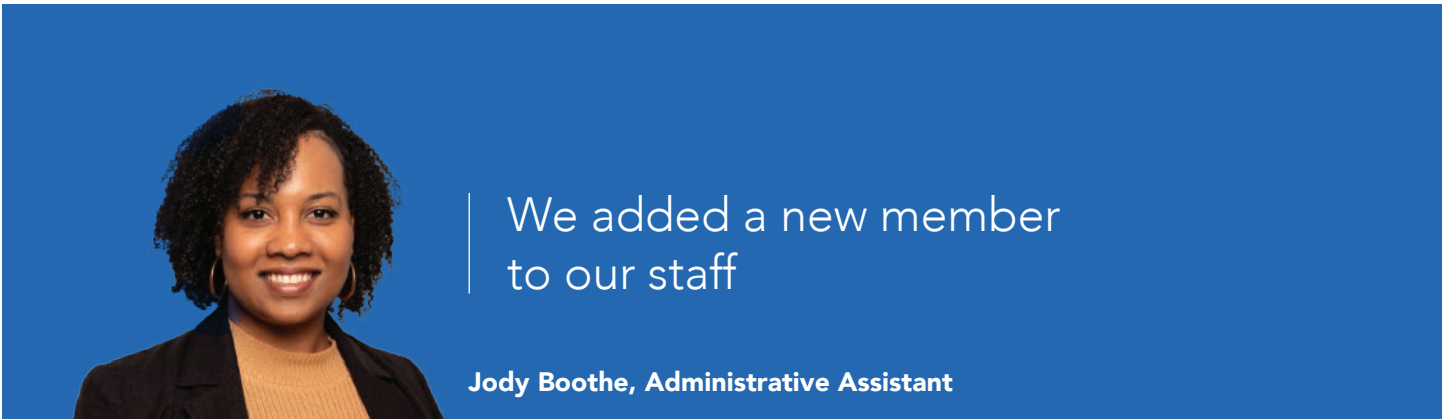


The NATF Board of Directors, Medical Advisory Board, and staff are pleased to share some exciting developments!



Dr. Bikdeli is a cardiologist, vascular medicine specialist, and researcher with an interest in blood clotting disorders and therapies. After medical school, Dr. Bikdeli completed a research fellowship at Yale/YNHH Center for Outcomes Research and Evaluation (CORE). He stayed at Yale for his Internal Medicine residency training and completed a Cardiovascular Disease fellowship at New York-Presbyterian Hospital/Columbia University. He then came to Brigham and Women’s Hospital & Harvard Medical School for an Advanced Vascular Medicine fellowship.

Dr. Bikdeli has a longstanding history with NATF. Over the last decade, he’s been both an attendee and faculty member at many of our educational programs and writes a monthly blog for healthcare professionals called “What’s Hot in Clots.” He’s a top-notch cardiology and blood clot “tweeter” [on X, formerly known as Twitter] and is also a frequent flyer to our patient support groups. We’re so happy to have him join our team as a Cardiovascular Medicine Advisor!



Jody is a highly experienced administrative professional who works closely with NATF Board and staff members to plan and coordinate projects, events, meetings, and workshops. She is a bridge between NATF and the public, serving as the primary point of contact for external offices and organizations.

Jody brings valuable experience from her previous positions at the University of Massachusetts and the International College of Christian Ministries. She has a strong passion for event planning and has successfully coordinated various events for the Boston Disciples nonprofit ministries over

the last three years. Jody has also been a dedicated volunteer for Maximizing Effort for Relief Care and Youth (MERCY) Worldwide for over a decade, participating in events across different cities such as Boston, New York City, Paris, and Lagos.




Samarth and the NATF staff (from left to right): Courtney Anderson, Kathryn Mikkelsen, Aviva Schwartz, and Maggie Newberg.

Samarth is a second-year medical student at the Medical College of Georgia in Augusta, GA. Since high school, Samarth has been a part of the Georgia Thrombosis Forum, now called the Global Thrombosis Forum (GTF). During his time with GTF, he helped create educational resources to raise awareness about blood clotting conditions and disorders.

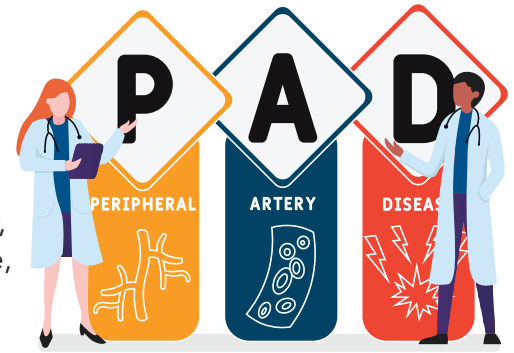
Over the past several months, Samarth has been working on an exciting NATF research initiative to help patients with thrombosis and recently presented at a conference on behalf of NATF. His research interests are broad but primarily include patient-centered communication and the prevention of blood clots and cardiovascular disease.

Scan the QR code to access article references



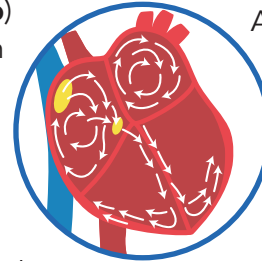
Do You Remember That the Month of September is PAD Awareness Month AND Atrial Fibrillation (Afib) Awareness Month?

Peripheral artery disease (PAD) is a condition that's unknown to many, yet it affects more than [230 million people worldwide](#). In the U.S. alone, it's estimated that more than 8.5 million people live with PAD, putting them at risk for serious complications.



PAD is characterized by a narrowing of the arteries that carry blood from the heart to other parts of the body. This narrowing, medically known as stenosis, ultimately impairs blood flow. PAD most commonly affects the lower half of the body (called lower-extremity PAD), and occurs when plaques build up in artery walls, narrow the walls, and reduce the flow of blood to the legs and feet.

Atrial fibrillation (Afib) is a common condition that affects [at least 2.3 million adults](#) in the U.S. It primarily develops in people over the age of 65. Patients with high blood pressure and heart disease, and those born with heart defects, have a greater risk of developing Afib.



Afib occurs when the electrical impulses that power the heart are uneven, causing the heart to beat irregularly. A heart with Afib works harder but pumps less blood. Blood can then pool in the heart, leading to possible stroke.

For more information, check out our resources on [PAD](#) and [Afib](#) on our website, thrombosis.org.

Upcoming Patient Events

Support Group for Newly Diagnosed Patients

Hosted by Joelle Hochman, RRT, Chair of Patient Engagement & Education

We're pleased to offer a virtual support group experience specifically for patients who've recently had a blood clot.*

August 17, 2023

September 21, 2023

October 19, 2023

All meetings start at 7:00 PM EST

*This group is primarily geared towards patients who've had a blood clot in the past 12 months – but participants at any stage of diagnosis are welcome! If you're a longtime reader of *The Beat*, please help us spread the word about this support group! More information can be found on our website.



NATF Support Group

This virtual support group is designed for patients at all stages of their blood clot journey. If you had your blood clot 20 days ago or 20 years ago, we welcome you to join us!

August 16, 2023

September 14, 2023

October 11, 2023

All meetings start at 7:00 PM EST

To register for these programs, please visit Patient Events on our website at <https://thrombosis.org/events/patients/>



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