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PROFILE OF ABNORMAL VAGINAL BLEEDING AMONG WOMEN ABOVE 20 YRS OF AGE IN AN URBAN AREA, TAMILNADU

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ABSTRACT

Abnormal vaginal bleeding (AVB) is considered as one of the most common and perplexing problems both to the patient and the gynaecologists. Objective: To find out the profile of abnormal vaginal bleeding and health seeking behavior among women of 20 yrs of age and above in Chidambaram. Field practice area under Rajah Muthiah Medical College was conveniently selected for this study. A pretested proforma was used to collect the details regarding socio demographic variables, bleeding pattern and health seeking behavior and analyzed with descriptive statistics. Magnitude of AVB was found to be 12.34% among women of 20 yrs and above. 75.72% had irregular menstrual cycles. Oligomenorrhoea was the most common clinical symptoms identified followed by menorrhagia. Conclusion: Though AVB is more common among this population, less than 50% only seek health care.

Key words: Abnormal vaginal bleeding, Menstrual irregularities, Oligomenorrhoea, Menorrhagia.

INTRODUCTION

Abnormal vaginal bleeding may be defined as a bleeding pattern that differs in frequency, duration and amount from a pattern observed during abnormal menstrual cycle or menopause [1]. Abnormal uterine bleeding is defined as bleeding from uterine corpus that is abnormal in volume, regularity and timing [2]. It is described as chronic if that has been present for the majority of preceding 6 months and acute if sufficiently heavy bleeding necessitating rapid treatment or intervention. Abnormal vaginal bleeding is a frequent reason for women of all ages, especially perimenopausal age group, to consult a general practitioner. It can be categorized as excessive menstrual bleeding, irregular bleeding and intermenstrual including post-coital bleeding [3]. The underlying cause of AVB may be general cause (blood dyscrasia, coagulopathy, thyroid dysfunction, genital TB), pelvic cause (PID, fibroid uterus, adenomyosis, feminizing tumours of ovary, endometriosis, pelvic congestion), contraceptive use (IUCD, progesterone only pills, post tubal sterilization) and hormonal/DUB (ovulatory-IUCD insertion, anovulatory-premenopausal and metropathia haemorrhagia). DUB with both anovulatory and less commonly ovulatory causes occurs during the child bearing years. It is a diagnosis of

exclusion and is made only after pregnancy, iatrogenic causes, systemic conditions and obvious genital tract pathology have been ruled out. This study was carried out to find out the profile of AVB and the health seeking behavior of women of 20 yrs and above in Chidambaram.

METHODOLOGY

This cross sectional descriptive study was carried out in Chidambaram which is field practice area under Rajah Muthiah Medical College. A pretested proforma was used to collect data. House to house survey was done to identify the women of 20 yrs and above with abnormal vaginal bleeding. Reported symptoms of abnormal vaginal bleeding for the past 6 months, details regarding contraception, parity, flow and regularity of the menstrual cycle were collected to arrive at a provisional diagnosis. The diagnosis was checked in case of prescription available. The health seeking behavior, outcome of treatment and recurrence also were collected and analyzed using descriptive statistics.

RESULTS

371 households were surveyed with a total population covered 1443. The women of 20 yrs and above

were found to be 567. Magnitude of AVB reported was 12.34%. Minimum age of the respondent was 20 yrs and maximum 54 yrs with a mean age 34.4 yrs with SD 8.4. 81.42% were married. 57.14% attained menarche after 13 yrs. 75.72% had irregular menstrual cycles (<24 days-17.14% and >35 days-58.57%)(fig 1). 32.85% had heavy flow during menstruation and 14.29% had bleeding for >7 days(fig 2). 56 out of 70 women with AVB had recurrent

attacks. Out of 70 women with AVB, 32(45.7%) only took treatment. 87.5% of them preferred private hospitals. 25% of those who took treatment, reported to have treatment for >10 times for the same complaints during past 6 months. The most common clinical presentation was oligomenorrhoea (52.8%) followed by menorrhagia (21.4%).

Table 1. Regularity vs Flow

	Normal	Heavy	Scanty	Total
Once in a month	2	9	6	17
<24 days	3	6	3	12
>35 days	28	8	5	41
Total	33	23	14	70

Table 2. Age vs Provisional Diagnosis

Diagnosis	Age				Total
	20-29 yrs	30-39 yrs	40-49 yrs	>50 yrs	
Hypomenorrhoea	5	5	2	-	12
Oligomenorrhoea	11	20	5	1	37
Polymenorrhoea	4	2	3	-	9
Menorrhagia	2	7	4	2	15
Metorrhagia	1	-	-	-	1
Menometorrhagia	-	1	1	-	2
DUB	-	-	1	-	1
Perimenopausal	-	-	3	1	4
Postmenopausal	-	-	-	1	1
Fibroid uterus	-	1	-	1	2
Amenorrhoea	1	1	-	-	2

Fig 1. Regularity of menstrual cycle

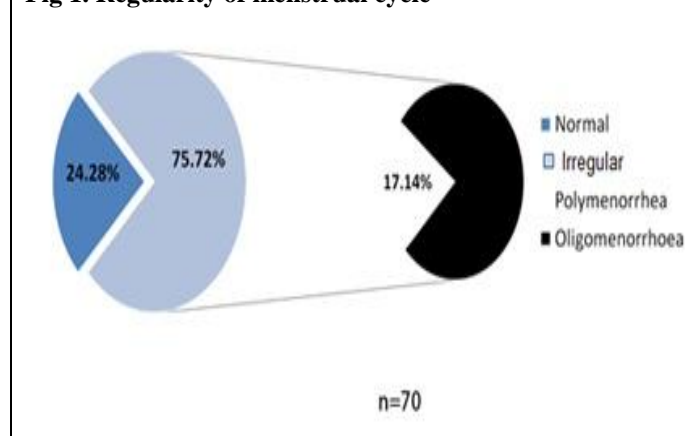
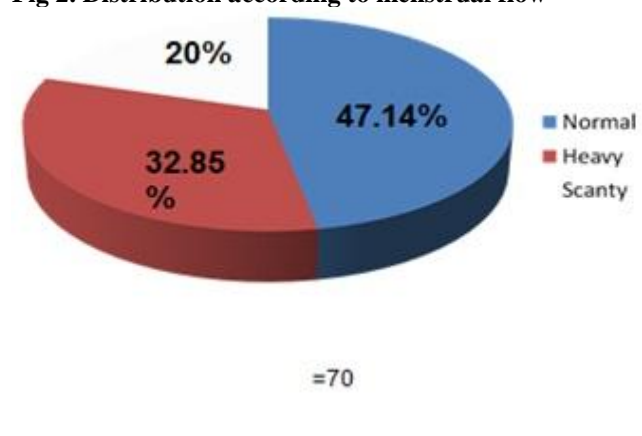


Fig 2. Distribution according to menstrual flow



DISCUSSION

Abnormal vaginal bleeding is a common gynaecological problem accounting for up to 20% of visits to the gynaecologists [4]. Magnitude of AVB in women of 20 yrs and above was found to be 12.34% in this study. The mean age of the study subjects was 34.4 yrs with SD8.4. A descriptive study based on computerized

medical records for 2000-2001 revealed the incidence of AVB as 52/1000 women per year. The median age was 41 yrs [5].

This study revealed that 75.72% of women with AVB had irregular menstrual cycles (17.14% had once in <24 days and 58.57% with once in > 35 days). 32.85% had heavy flow during menstruation. 20% had scanty

flow. 14.29% had bleeding for more than 7 days. The most common clinical presentation was oligomenorrhoea (52.8%) followed by menorrhagia(21.4%).A retrospective study done among women presenting with AUB in a hospital-Delhi revealed that most common clinical presentation was menorrhagia(41%) followed by metrorrhagia(18%)[6].

An age specific comparative analysis of the clinical presentation revealed that menorrhagia and oligomenorrhoea are the commonest complaints in the age group of 30-39 yrs. A study done by Zeeta et al in New Delhi revealed menorrhagia is the commonest complaint in the 41-50 yrs accounting for 41.2% followed by 31_40 yrs. Metrorrhagia was also frequent presentation in the 41-50 yrs of age [6].

57.38% of married women were not using any contraception in this study population. 39.3% underwent tubectomy. Only 1.6% used either Cu T or OCP. According to Corlien JH 70% did not use any hormonal contraception. Intermenstrual bleeding was the most frequently seen symptom (41%) in women using OCP [5].

According to Fozia [7] commonest cause of AUB was leiomyoma(25%) followed by ovulatory dysfunction, adenomyosis, malignancy, endometritis, iatrogenic and polyp. A retrospective study in association with histopathology sections in Iraq showed the following results. 61.8% of 152 cases were due to organic causes and

33.5% were DUB. Of the organic causes of AUB- low grade endometrial hyperplasia was the most frequent (41.5%), then pregnancy related bleeding (31.9%). 45% of DUB was proliferative phase endometrium, followed by 21.6% secretory pattern.

Any such histopathologic confirmation was not done in any of these AVB cases in this study as it was conducted in the field. The provisional diagnosis made by the observer was confirmed from the prescription available with the respondents. Only very few women had prescription with them.

CONCLUSION

AVB is a common problem in women of all age group. Objective measurement of menstrual blood loss continues to be a problem.

LIMITATION

Provisional diagnosis was made based on the perceived symptoms of women. Both over and under reporting must have occurred due to recall bias. No objective assessment was done.

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CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

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