Public Health England

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Health inequalities: Menstrual issues

Introduction

Menstrual problems include painful periods, heavy menstrual bleeding (HMB) and pre-menstrual syndrome (PMS). Dysmenorrhoea (painful periods) is the most common gynaecological symptom reported by women, affecting between 50% and 90% of menstruating women[1].

HMB is one of the most common reasons for gynaecological consultations in both primary and secondary care[2]. PMS encompasses a vast array of psychological symptoms such as depression, anxiety, irritability, loss of confidence and mood swings and also physical symptoms, typically bloatedness and mastalgia[3]. Four in 10 women (40%) experience symptoms of PMS and of these 5 to 8% suffer from severe PMS[3].

Prevalence and risk factors

A survey in 2 areas of England found that women with learning disabilities appear to be at least as likely to experience problems with their periods as other women[4]. Menstrual problems experienced by women with learning disabilities in the last 6 months included:

- pain (54% of women)
- mood changes (51%)
- blood stained clothes (50%)
- generally unwell/tired (43%)
- blood-stained bedding (35%)
- heavy blood loss (30%)
- irregular periods (27%)
- increased seizures (26%)
- sleep disturbance (17%)
- inappropriate behaviour (15%)
- any other problem (14%)
- bleeding in between periods (9%)
- lengthy periods (8%)[4].

There may also be more unique menstrual issues faced by women with learning disabilities.

Epilepsy is common in people with learning disabilities[5] and seizure frequency can be related to the menstrual cycle (catamenial epilepsy)[6]. Hypothyroidism may contribute to heavy bleeding and this may be a contributing factor for young women with Down syndrome who experience heavy periods[7]. Menstrual discomfort may be associated with behaviour problems[8]. Conversely, changes in a young woman's behaviour may be attributed to the menstrual cycle, whether or not this is actually the case[9].

Impact on people with learning disabilities

Menstrual problems may be experienced differently or more negatively by women with learning disabilities and problems may not be recognised appropriately by carers[4]. Parents and carers often feel that women with learning disabilities will not cope well with menstruation and they may seek medical help to suppress or eliminate periods using medication, hormonal intrauterine devices or various forms of surgery[10] [11].

Whilst effective in terms of menstruation, these treatments may also result in a series of negative side effects such as reduction in bone mineral density, weight gain, increased risk of thromboembolism, breast or cervical cancer, infection, sterility and necessity for invasive surgery[10]. Women with learning disabilities are also often not supported to make informed decisions about the long-term consequences of these treatments, including permanently not being able to have children[12].

Healthcare and treatment

Concerns about menstruation are common amongst carers who may seek advice from healthcare professionals, sometimes while the girl is still premenarchal[10]. Common reasons for consultation with paediatric and adolescent gynaecology services are parental and carer anxiety around menstrual hygiene, or concern over cyclical behavioural changes[13].

Therapeutic intervention should only be considered if the presenting problem is severe enough to cause significant distress to the young woman after all educational and symptomatic approaches have been exhausted[14]. No long term strategies exist to completely suppress menstruation without the possibility of adverse consequences[10]. For example, depot medroxyprogesterone acetate (DMPA or Depo-Provera®; a progestogen-only hormonal contraceptive given via intramuscular injection every 12 weeks which is the most widely prescribed and accepted method of menstrual suppression with women with learning disabilities) reduces bone mineral density and causes weight gain[13]. There has been a greater focus on menstrual suppression or elimination than on help and training to manage menstrual care

successfully, with one English survey finding that 29% of women with learning disabilities had never been given the opportunity to learn how to manage their own menstrual care[14]. A number of authors conclude that with support and appropriate education most women with learning disabilities can manage their own menstrual care[14 15].

Links between changes in behaviour and the menstrual cycle, which may indicate dysmenorrhoea or PMS, should be confirmed by charting behaviour changes over several months in relation to the menstrual cycle[9].

Social determinants

Menstrual problems experienced by women with learning disabilities may be compounded by social determinants of health such as the quality of social care support received and access to appropriate healthcare. However, there does not appear to be any research that addresses this issue. In the UK, 1 in 10 14 to 21-year-olds have been unable to afford sanitary wear[16] and this issue may be pertinent for women with learning disabilities who are more likely to live in poverty than other women[17].

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