Primary care management of abnormal uterine bleeding

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Record Status
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Citation

Authors' objectives
The Vanderbilt Evidence-based practice Center systematically reviewed evidence about interventions for symptomatic abnormal uterine bleeding (AUB), both irregular and cyclic. We focused on interventions that are suitable for use in primary care practice including medical, behavioral, and complementary and alternative medicine approaches.

Authors' conclusions
Two interventions for irregular bleeding (metformin, COCs) and four for heavy cyclic bleeding (LNG-IUS, NSAIDs, TXA) have low or moderate strength of evidence for effectiveness, while COCs have high strength of evidence. Several common interventions (including diet and exercise and acupuncture) lack sufficient evidence. Across interventions, data are sparse to evaluate long-term improvements and risk of harms. Limitations include a predominance of small, short trials lacking standard terminology and diagnostic criteria for identifying and including women with AUB. Tools for collecting outcome data are crude (e.g., collection of sanitary products to measure blood loss) and may contribute to a high rate of attrition. Emphasis on biologic outcomes may neglect the importance of patient-reported outcomes that assess whether symptoms are considered resolved by women themselves.

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