

Table I. Examples of Hormone and Tapering Regimens

Severe AUB

- Heavy bleeding (soaking through 2 maxi pads an hour, 2 hours in a row)
- History of heavy menses
- Hemodynamically unstable (tachycardia, hypotensive, pallor, dizzy)
- Hb <9

Medication	Initial Dosing	Example of Taper	Cautions Side Effects
IV Estrogen	25 mg q 4-6 hrs Max <= 24 hrs	Add OCP before discontinue IV estrogen (See high dose OCP taper below)	For nausea, vomiting + anti-emetic; No longer than 24 hrs or + risk TE
Oral Contraceptive Pill (OCP) 30-35 mcg estradiol per tablet + progesterone	1 tab q 4-6 hrs until bleeding slowed & CV stable	Then taper to 1 tab q8 hrs for 3-5 days; Then taper to 1 tab q12 hrs for 7-14 days; Then daily tab for 4-8 weeks	Increase dose & duration of taper depending on severity of bleeding, initial dose required to slow bleeding, & time to response with hormone treatment; Too rapid a taper results in withdrawal bleeding; For nausea, vomiting + anti-emetic; Consider extended cycling; Avoid low dose 20-25mcg E2 OCP
Oral Medroxyprogesterone Or Norethindrome	10 mg q 4-6 hrs until bleeding slowed & CV stable	Then taper to 10 mg q8 hrs for 3-5 days; Then taper to 10 mg q12 hrs for 7-14 days; Then daily tab	Useful for patients with contraindication to estrogen; Less predictable control of bleeding (may also take longer to slow/stop bleeding)

		for 4-8 weeks	Less nausea than estrogen; Norethindrone is reasonable to try if medroxyprogesterone does not work
Depo medroxyprogesterone acetate (DMPA)	100 mg IM daily x 7 days	Then taper to 150 mg IM weekly for 4 weeks; Then monthly for 7-8 weeks	Useful for patients with contraindication to estrogen; Less predictable control of bleeding (may also take longer to slow/stop bleeding) Less nausea than estrogen

Moderate AUB

- Moderate active bleeding, history of irregular or heavy menses
- Hemodynamically stable enough to consider out patient management
- Hb 9-12

Medication	Initial Dose	Example of Taper	Cautions Side Effects
Oral Contraceptive Pill (OCP) 30-35 mcg estradiol per tablet + progesterone	1 tab q8 hrs until bleeding slowed & CV stable	Then taper to 1 tab q12 hrs for 3-5 days; Then taper to 1 tab daily for 4-8 weeks	Too rapid a taper results in withdrawal bleeding; For nausea, vomiting + anti-emetic; Consider extended cycling
Oral Medroxyprogesterone or Norethindrome	10 mg q8 hrs until bleeding slowed & CV stable	Then taper to 10 mg q12 hrs for 7-14 days; Then taper to 10 mg daily for 4-8 weeks	Useful for patients with contraindication to estrogen; Less predictable control of bleeding (may also take longer to slow/stop bleeding); Less nausea than estrogen
Levonorgestrel Intrauterine Device (LNG-IUD)	20 mcg daily	No taper needed; Continuous dosing for up to 5 years	First 3-6 months may have some irregular bleeding or spotting; More effective than OCP for menometrorrhagia in long term

Mild AUB

- Light or no active bleeding, history of irregular or heavy menses
- Hemodynamically very stable
- Hb ≥ 12

Medication	Initial Dose	Example of Taper	Cautions Side Effects
None-watch & wait	Careful observation	Menstrual diary	Requires accurate reporting & plan for follow up; Useful for early puberty or not sexually active teens
Oral Contraceptive Pill (OCP) 30-35 mcg estradiol per tablet + progesterone	1 tab daily	Consider extended cycling	Counsel on initial common side effects of nausea, vomiting, bloating, breast tenderness, inter-menstrual spotting months 1-3; Long term side effects melasma, yeast infections, improvement of acne & anemia with lighter shorter periods; See Table III on the risk of TE for daily OCP
Oral Medroxyprogesterone or Norethindrome	10 mg q12 hrs until bleeding slowed & CV stable	Then taper to 10 mg daily for 2-4 weeks May change to monthly administration using Calendar method: Days 1-14 Or Cycle method: Days 14-23	No contraceptive benefits for long term use; Useful for patients with contraindication to estrogen; Less predictable control of bleeding (may also take longer to slow/stop bleeding)

Levonorgestrel Intrauterine Device (LNG-IUD)	20 mcg daily	No taper needed continuous dosing for up to 5 years	First 3-6 months may have some irregular bleeding or spotting; More effective than OCP for menometrorrhagia in long term
NuvaRing (15 mcg ethinyl estradiol/120mcg etonorgestrel)	1 ring in vagina for either 3 or 4 weeks	No taper needed	Contraceptive benefits; Low dose systemic hormones with a lot of local uterine effects; May extended cycle
OrthoEvra patch (6000 mcg norelgestromin/ 750 mcg ethinyl estradiol)	1 patch weekly for 3 weeks, then 1 week patch free for menses	No taper needed	Not recommended for extended cycling; Contraceptive benefits; 60% higher area under the curve dose of estrogen Bypasses GI tract so less nausea