



Oral Presentation



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The effect of medroxyprogesterone acetate on the quality of life of women with heavy menstrual bleeding of endometrial origin: clinical trial

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Abstract

Introduction: The aim of this study was to investigate the efficacy and acceptability of long-term use of medroxyprogesterone acetate in treating heavy menstrual bleeding of endometrial origin (HMB).

Methods: In a pre-post trial, 44 women were allocated to long term medroxyprogesterone acetate treatment (for 3 consecutive cycles). Changes in duration and amount of bleeding, quality

of life and also hemoglobin and ferritin values were checked out and compared before and after treatment.

Results: Medroxyprogesterone acetate reduced mean PBLAC score from 220.15(\pm 74.99) in control cycle to 108.81(\pm 74.98) in third cycle ($p < 0.0001$). Hemoglobin increased from 12.24(\pm 0.89) to 13.21(\pm 0.88)

g/dl and ferritin increased from 13.38(\pm 6.81) to 30.85(\pm 8.51) ng/dl ($p < 0.0001$). Duration of menstrual bleeding decreased from 8.4(\pm 1.47) days to 8.06(\pm 1.53) days ($p = 0.001$). Medroxyprogesterone acetate reduced mean MQ score from 66.46(\pm 13.82) to 14.13(\pm 7.98) ($p < 0.0001$). SF-36 quality of life scores increased in all aspects (except for bodily pain) ($p < 0.0001$).

Conclusion: Our results showed that long term use of MPA is an effective treatment for idiopathic menorrhagia in terms of menstrual blood loss, hematologic indices and quality of life ($p < 0.05$) and observed complications are not significant. This makes long-term MPA a favored drug choice in idiopathic menorrhagia management in premenopausal women.

Key words: Medroxyprogesterone acetate, Quality of life, Higham chart, heavy menstrual bleeding