Abnormal Uterine Bleeding and Its Impact on Women Life

Amany Hamed Gad Mohamed

Assistant Professor of Obstetrics and Gynecological Nursing- Faculty of Nursing- Zagazig University

ABSTRACT: *Abnormal uterine bleeding (AUB) is one of the most common debilitating menstrual problems and has remained one of the most frequent indications for hysterectomy in developing countries.* **The aim** *was to identify women profile, pattern, causes of abnormal uterine bleeding and its impact on women life.* **Subjects and methods;** *descriptive cross-section design was used.* **Sample** *included women diagnosed with AUB selected during the period.* **Data collection** *consisted of; an interview questionnaire sheet, clinical assessment form, the experience of women with AUB and its impact on their life.* **Results;** *revealed that menorrhagia was the most common (47.0%) followed by post-menopausal bleeding (27.9%). The risk of having AUB increased in postmenopausal women with high parity and low socioeconomic conditions and obesity. Whereas, those in the reproductive age group were more likely to have higher level of knowledge regarding AUB compared to the other two groups. Finally, Women with abnormal bleeding reported negative consequences of symptoms on physical, psychological and social aspects of their lives.* **It can be concluded that***, AUB had serious impact on women quality of life.* **The study recommended** *that, training program is recommended for women in order to enhance their knowledge and skills regarding AUB.*
Keywords: abnormal uterine bleeding, quality of life.

I. Introduction:

Abnormal uterine bleeding (AUB) is one of the most common debilitating menstrual problems. A study based on epidemiology of menstrual disorders revealed that the prevalence of AUB in developing countries was about 5-15% [1]. Abnormal uterine bleeding is excessive, erratic, or irregular bleeding usually associated either with hormonal disturbance or intrauterine pathology [2]. The most common etiologies in non-pregnant women are structural uterine pathology as (fibroids, endometrial polyps, adenomyosis), anovulation, disorders of hemostasis, or neoplasia[3,4].

Abnormal uterine bleeding has remained one of the most frequent indications for hysterectomy in developing countries but 40% of cases were not associated with any definitive organic pathology [5]. Hysterectomy is often correlated with complications such as bleeding, bladder or bowel damage, infection, thrombosis, ovarian failure and early onset of menopause [6]. Hysterectomy is employed as last resort in management of AUB in developed countries due to availability of minimally invasive surgical modalities [7, 8, 9]. However, there are less publication describing AUB characteristics among Egyptian women and its impact on women life [10].

Aim of the study:
The aims of the current study were to:
- To identify the profile of women with AUB.
- To investigate women knowledge about the causes and management of AUB.
- To assess the impact of abnormal uterine bleeding on various aspects of women's life.

Subjects and methods:
A purposive sample consisted of 215 women between 20 – 51+ years and were not pregnant diagnosed as having AUB attending the study setting during the study period. Ten focus group discussions with 3 to 4 participants were conducted. The focus groups consisted of three distinct age groups: reproductive age group (20-39 years); perimenopausal age group (40-50years); and post menopausal age group (51 years and more).
Setting:
The present study was conducted in the obstetrics and gynecology department at Zagazig University Hospitals.
Tools of data collection:
Data collection was done through the use of the following tools:
I) An interview questionnaire: The questionnaire was designed to collect data from women regarding to:
▪ **Personal data:** such as medical and obstetrical history.

II) Clinical assessment form
General, local abdominal and vaginal examination; to find out the diagnosis of bleeding patterns, causes, signs and symptoms associated with AUB.
III) The experience of women with AUB: such as women knowledge about the disease, delay in diagnosis, reasons for delay and treatment satisfaction.
IV) Abnormal uterine bleeding impact questionnaire: this was designed to assess the impact of AUB on social activities, work performance, exhaustion, productivity, hygiene and depression.
Administrative and ethical considerations: An official permission was granted by submission of an official letter from the Faculty of Nursing to the responsible authorities of the study setting to obtain their permission for data collection. All ethical issues were taken into consideration during all phases of the study: the research maintained an anonymity and confidentiality of the subjects. Before the session, written informed consent was obtained and participants were asked to complete a demographic and clinical questionnaire. Also they assured that the information obtained during the study will be confidential and used for the research purpose only.
Pilot study: A pilot study was conducted on a sample 10.0% of patients to test the study tools in terms of clarity and feasibility. The tools were finalized according to the pilot results.
Field work: The researcher started to collect data through the following phases:
1) Interviewing Phase
2) Assessment Phase
3) Implementation phase:
Abnormal Uterine Bleeding Impact Questionnaire (AUBIQ)
The AUBIQ was scored on a 1 to 5 point scale (1: Extremely; 2: Quite a bit; 3: Moderately; 4: Slightly; 5: Not at all). Health-related quality-of-life question scores (AUBIQ scores) were calculated as mean for all participants.

Statistical analysis
After data were collected it was revised, coded and fed to statistical software IBM SPSS version 20. The given graphs were constructed using Microsoft excel software. All statistical analysis was done using two tailed tests and alpha error of 0.05. P value less than or equal to 0.05 was considered to be statistically significant.

II. Results

Table (1): presents distribution of the studied women according to their socio-demographic characteristics. The mean age of patients with abnormal uterine bleeding was 48.2 years. The percentage of women who were illiterate or can read and write was higher in the postmenopausal group compared to the other two groups (P=0.001**). Meanwhile, the majority of them had 4 deliveries and more compared to the other two groups. Differences observed are statistically significant (P= 0.001**). The same table also indicates that more chronic diseases were encountered among perimenopausal and postmenopausal groups compared to those in their reproductive age (66.7 % & 93.3% vs. 31.4% respectively) with statistical significant difference (p=0.001**).
Figure (1): illustrates distribution of the studied women according to their bleeding patterns. Menorrhagia was the most common among the studied group (47.0%) followed by post-menopausal bleeding (27.9%), menometrorrhgia (15.3%), and metrorrhagia (8.8%). In **figure 2** adenomyosis was the dominant cause with 17 (14.2%) cases in the Perimenopausal age group compared to the other two groups. Meanwhile, liomyoma (82.9%) and ovarian cyst (31.4%) were more common in the reproductive age group. Postmenopausal women were more likely to suffer from malignancy and endometritis (51.7% and 21.7% respectively). Differences observed are statistically significant.
Table (2): concerning the clinical findings associated with AUB, women in the reproductive age group were more likely to have pain in the lower abdomen and groin as well as anemia compared to the perimenopausal and post menopausal age groups (100.0%& 57.1% vs. 82.5%, 43.3% & 48.3%, 30.0% respectively) with statistical significant difference (p = 0.001). On the other hand women in the postmenopausal age group were more apt to be obese and exposed to endocervical mass. Women experience of living with AUB was shown in **table (3)**. It revealed that women in the reproductive age group were more likely to have higher level of knowledge regarding AUB compared to the other two groups but with no statistical significant difference. Most women did not attribute their symptoms to any particular cause. Eight women remembered having attributed their problems to aging, stress or hormones. Two women were suspicious that diet injections had caused their heavy bleeding, while the rest thought that it was normal and all part of being female. There was only one woman who attributed the 'malfunctioning' of her body to a physical problem in her reproductive system and thought that her heavy bleeding might be caused by a cyst. Meanwhile, the reproductive age group were significantly less likely to be satisfied with the treatment they received than the other two groups (P= 0.003*) this is mostly related to the unsolved problem of infertility (42.1%). The delay of less than one year **(table 4)** in the diagnosis of AUB reach more than two thirds among women in reproductive and perimenopausal age groups. However the delay of ≥

1year reached the two fifth among post menopausal group compared to the other two groups (40.0% vs. 31.4% & 26.7% respectively). Such delay was mostly due to misdiagnosis (60.0%) or does not take their symptoms seriously (25.0%). Difficulty in accessing the gynecologist and long surgery waiting lists were reported by 15.0% of the same group. However the main reason for delay in the other two groups was that their family and friends told them that pain and bleeding are normal (68.6%&73.3% respectively). Differences observed are statistically significant (p = 0.028). **Table (5)** shows decline in mean score of all parameters measured by researcher especially hygienic condition during menstruation, tiredness and work performance respectively with observable decline in the total mean score (11.5 ± 1.7). Women with abnormal bleeding reported negative consequences of symptoms on physical, psychological and social aspects of their lives. Sometimes symptoms affected women's lives greatly; for example, heavy bleeding interfered with home and social activities and work. They reported that their lives were shaped around this heavy menstrual bleeding. One woman explained: ***"My heavy bleeding kept me at home all the time. If I had to leave home, I had to make sure that I was close to a bathroom because I had to change my bad every single hour"***. Chronic bleeding often resulted in anemia that caused tiredness and weakness. Women who had irregular bleeding complained about the unpredictability and lack of control they had over their bodies. One participant reported: ***"I don't have a life basically. I never know when it is going to come. It is very unpredictable. I used to have it one day, then two days nothing and then again and so on"***. Some symptoms restricted women's activities and relationships with their children, husbands, friends, and work. Impaired function also caused lower self-esteem, impaired sense of well-being, nervousness, irritability, feelings of helplessness and depression. One woman summed up how she felt about herself and her life: ***"I was frustrated and depressed. I had too many unpleasant days. I was in constant trouble and constant discomfort"***. Other women reported mild symptoms which were inconvenient, but tolerable such as abdominal bloating, not being able to sleep on their abdomen, back-pain and increased urination.

III. Discussion

Abnormal uterine bleeding is excessive, erratic, or irregular bleeding usually associated either with hormonal disturbance or intrauterine pathology. The most common etiologies in non-pregnant women are structural uterine pathology (eg, fibroids, endometrial polyps, adenomyosis), anovulation, disorders of hemostasis, or neoplasia **Sudha & pallavi** [11]. The current study finding revealed that women in the postmenopausal age group was more likely to be illiterate or can read and write. Meanwhile, the majority of them had 4 deliveries and more compared to the other two groups. Moreover, chronic diseases were more common among perimenopausal and postmenopausal age groups. This is in agreement with **Sonia et al.,** [12] who found that, 62.0% of postmenopausal patients were illiterate, multiparty was a high risk factor for post-menopausal bleeding "65.0% of cases were grand-multipara and 32.0% were multipara". A possible explanation for this might be that Mutiparous women have a slightly more average blood loss as compared to nulliparous. Moreover, **Saba et al.,** [13] and **Kothapally & Bhashyakarla** [14] found that the common medical disorder among AUB perimenopausal and postmenopausal groups was hypertension (69% and 36.6% respectively). This may be attributed to life stresses, anxiety as well as physiological changes of the menopause. Abnormal uterine bleeding may present with variable patterns. The present study showed that menorrhagia was the most common (47.0%) followed by post-menopausal bleeding (27.9%), menometrorrhgia (15.3%), and metrorrhagia (8.8%). Some variation has been observed among national and international studies. **Juhi et al.,** [15] found that, menorrhagia was the most prominent (57.4%) presenting symptom, followed by postmenopausal bleeding (17.9%), metrorrhagia (10.3%), polymenorrhagia (9.7%) and menometrorrhagia (4.6%). Whereas **Abid et al.,** [16] found that polymenorrhea was the most common pattern (30%) followed by irregular bleeding (26%). The above mentioned variation may be due to socioeconomic status, the criteria of sample selection and study design. The current study finding revealed that liomyoma and ovarian cyst were more common in the reproductive age group. Similarly, **Quresh & Yusuf** [17] reported that Leiomyoma was the commonest (n=250; 25%) category. Simple ovarian cysts of sizes ranging from 3-5cm were sonographic findings associated in 89 (38%) of the cases labeled as 'ovulatory dysfunction' (n=236). The possible explanation of the above mentioned result is that emotional or physical stress, and significant changes in body weight, may disrupt the release of follicle stimulation hormone (FSH) and luteinizing hormone (LH) and prevent ovulation. The present study finding also shows that more than half of women in reproductive age group suffered from anemia compared to the other two groups. This may be related to their lack of attention about the serious effects of blood loss. This corresponds well with the findings of **Najam et al.,** [18] who found that 54.5% of the patients in reproductive age group present with moderate anemia and their mean hemoglobin concentration was 9.5 g/dl. Moreover, BMI was significantly high in postmenopausal as compared to the other two groups. **Khan and Syed** [19] added that postmenopausal women had significantly lower bone mass than that of pre- and perimenopausal women. So identification of postmenopausal women at high risk of obesity and fracture therefore is a priority and is especially for those who can benefit from early intervention to maintain or to increase bone mass and thus

reduce the risk of fractures. The current study findings revealed that more than two fifth of women in perimenopausal and postmenopausal group had insufficient knowledge about AUB compared to reproductive age group. Lack of awareness leading to ignorance of spotting after the menopause is the probable reason reported **Arnold & Saravanan** [20]. Meanwhile, more than half of women in reproductive age group were not satisfied with treatment given to them. Dissatisfaction among this group was mainly due to unsolved infertility problems. On the contrary the study of **Vilos et al.,** [21] in Saudi Arabia found that 75% were satisfied with their treatment. The current study finding revealed that the delay between the start of symptoms until diagnosis ranged from 3 to 24 months. The delay in the diagnosis of AUB (< 1 year) reach more than two thirds among women in reproductive and perimenopausal age groups. However the delay of ≥ 1year reached the two fifth among post menopausal group compared to the other two groups. Such delay was mostly in postmenopausal group due to misdiagnosis. Furthermore they were not taking their symptoms seriously. Difficulty accessing a gynecologist and long surgery waiting lists were reported by 15.0% of the same group. For women in the perimenopausal and reproductive age groups the main reason for delay that their family and friends told them that pain and bleeding are normal. Differences observed were statistically significant (p= 0.028). This corresponds well with the finding of **Uskal et al.,** [22] who found that the majority of the women waited a long time before seeking medical help and three major themes emerged from this. The first was the adoption of a *'wait and see'* approach in which women chose to self-monitor symptoms hoping that they did not represent anything serious or that they would spontaneously go away with time. One woman who knew about her fibroids decided: *"I waited for about 6 months [and hoped it would] go away. I was close to menopause anyway, so I thought that it would change."* The second theme related to the fear that some women had in relation to the consequences of potential treatments. One woman who was told that she had a fibroid said: *"I waited, I put it off. I was undecided. It might have meant that I couldn't have any kids and I had a couple of miscarriages, so it was hard to decide."* The third theme related to social responsibilities and daily hassles such as caring for other sick people in their family or helping their adult children with newborns, that made women delay seeking help. One woman explained: *"It started last summer, but my husband got a heart attack, and I had to take care of him. So, I postponed it. He told me to go, but I wanted to be with him"*. In addition, **Sonia et al** [12] who reported that, 48% presented after 6 months of first episode of bleeding. Only 8% sought medical advice within week. Duration of bleeding had vast range (4days to 18 months). Similarly, **Elfayomy & Kadry,** [23] study in Saudi Arabia reported that the time intervals between the first and recurrent episodes ranged from 5-31 months with mean 15.7± 6.7 months. Lack of awareness may lead to ignorance of spotting and ask medical advice after long period. **Regarding AUB Impact questionnaire** the current study shows decline in mean score of all parameters measured by researcher especially hygienic condition during menstruation, tiredness and work performance respectively with observable decline in the total mean score (11.5 ± 1.7) with highlighted impact on women quality of life. This in accordance with **Bitzar et al.,** [24] who found that 68% of women stated that they tend not to participate in social activities when their period is heavy and 91% of women felt that it impacted their ability to perform sport and fitness activities. A high pro¬portion of women in this subgroup (91%) also felt that their heaviest menstrual flow days impacted on the type and color of clothes they wore, with 82% of these women commonly wearing certain underwear when they are on their period. As well as the physical implications, 75% of this subgroup said that they feel less attractive and less confident during their period. Just less than half of these women (47%) also stated that, on occasion, HMB even prevented them from playing with their children. 68% of women in the above average menstrual flow (AAMF) subgroup felt that their heaviest flow days impacted on their attendance at work and/or school. The majority of women (80%) in the AAMF subgroup also stated that their heaviest flow days affected their performance at work and/or school. Outside of employment, heavy flow days were also shown to impact on daily tasks at home, with 73% of women in the AAMF subgroup stat¬ing that their heaviest flow days impacted on their usual housekeeping tasks.

IV.   Conclusion

According to the findings of the present study, it can be concluded that, Menorrhagia was the most common, followed by post-menopausal bleeding, menometrorrhgia, and metrorrhagia. - AUB had serious impact on women life. Recommendations: On the basis of the most important findings of the study, the following recommendations are suggested: -Training program is recommended for women in order to enhance their knowledge and skills regarding AUB.

V. Recommendations

On the basis of the most important findings of the study, the following is recommended : Training program is recommended for women in order to enhance their knowledge and skills regarding AUB.

References

[1]   Longacre T, Atkins K, Kempson R, et al., (2005): The uterine corpus. In Sternberg's Diagnostic Surgical Pathology. Lippincott William & Wilkins; 2184–2277.
[2]   Twiss JJ, (2013): A new look at abnormal uterine bleeding. The Nurse Practitioner; Lippincott Williams & Wilkins. 38 (12):22-30.
[3]   Munro MG, Critchley HO, Broder MS, et al., (2011): FIGO Working Group on Menstrual Disorders. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age. Int J Gynaecol Obstet; 113:3-13.
[4]   Tsai MC & Goldstein SR, (2012): Office diagnosis and management of abnormal uterine bleeding. Clin Obstet Gynecol; 55(3):635-650.
[5]   Royal College of Obstetricians and Gynecologists, (2007):National Collaborating Centre for Women's and Children's Health; National Institute for Health and Care Excellence. NICE guideline CG44: heavy menstrual bleeding. London. Available at: http://www.nice.org.uk/CG44. Accessed on March 28, 2016.
[6]   Glasser MH, (2013): Commentary on 'Ten-year follow-up of a randomised controlled trial comparing bipolar endometrial ablation with balloon ablation for menorrhagia'. BJOG, 120:970.
[7]   Refaie AM, Anderson T & Cheah SS, (2005): Out-patient hysteroscopy: findings and decision making for treatment of abnormal uterine bleeding in pre- and post-menopausal women. Middle East Fertility Society Journal Vol. 10, No. 1, 43-48.
[8]   Herman MC, van den Brink MJ, Geomini PM, et al., (2013): Levonorgestrel releasing intrauterine system (Mirena) versus endometrial ablation (Novasure) in women with heavy menstrual bleeding: a multi centre randomized controlled trial. BMC Women Health, 13:32.
[9]   Ajao MO, El-Nashar SA, Khan Z, Hopkins MR, et al., (2013): Non resectoscopic endometrial ablation in high-risk surgical patients: a cohort study. J Minim Invasive Gynecol, 20:487–491.
[10]   Fredericks E, (2013): A Qualitative Study of Women's Decisions Not to Have a Hysterectomy. Available in The Qualitative Report: http://nsuworks.nova.edu/tqr/vol18/iss5/2 11 - Sudha and Pallavi, (2017): Distribution of Causes of AUB According to PALM-COEIN Classification in a Tertiary Care Center International Journal of Scientific Study Vol 4 | Issue 10:160-163.
[11]   Sudha and Pallavi, (2017): Distribution of Causes of AUB According to PALM-COEIN Classification in a Tertiary Care Center International Journal of Scientific Study Vol 4 | Issue 10:160-163.
[12]   Sonia A, Bhupinder A, Marwaha M, et al., (2012): Epidemiological correlates of postmenopausal bleeding in a tertiary care hospital. Indian J Community Heal; 24(2):158–60.
[13]   Saba N, Hamayun M & Bilal M, (2013): Management Of Postmenopausal Bleeding. Bio medica Vol. 29: 151- 157.
[14]   Kothapally K & Bhashyakarla U, (2013): Postmenopausal bleeding: clinicopathologic study in a teaching hospital of Andhra Pradesh. Int J Reprod Contracept Obstet Gynecol; 2 (3):344-348.
[15]   Juhi S, Ruchika B, Vinay B, et al., (2013): A study Of Spectrum of Morphological Changes in Endometrium in Abnormal Uterine Bleeding Journal of Advance Researches in Biological Sciences, Vol. 5 (4) 370-375.
[16]   Abid M, Hashmi AA, Malik B, et al, (2014): Clinical pattern and spectrum of endometrial pathologies in patients with abnormal uterine bleeding in Pakistan: need to adopt a more conservative approach to treatment BMC Women's Health. 14:132http://www.biomedcentral.com/1472-6874/14/132 .
[17]   Quresh & Yusuf, (2013): Distribution of causes of abnormal uterine bleeding using the new FIGO classification system Vol. 63, No. 8: 973-975.
[18]   Najam R, Agarwal D, Tyagi R et al., (2010): Comparison of Traneximic Acid with a Combination of Traneximic Acid and Mefenamic Acid in Reducing Menstrual Blood Loss in Ovulatory Dysfunctional Uterine Bleeding (DUB). Journal of Clinical and Diagnostic Research; 14]; 4:3020-3025.
[19]   Khan A & Syed Z, (2004): Bone densitometry in premenopausal women. J Clin Densitom; 7(1):85–92.
[20]   Arnold J & Saravanan S, (2015): A two Year Clinico pathological Study Of Non-Gravid Women With Abnormal Uterine Bleeding In A rural Tertiary Care Centre: In Concurrence With The FIGO Recommendations. J of Evolution of Med and Dent Sci/ eISSN-2278-4802, pISSN- 2278-4748/ Vol. 4/ Issue 63: 10990- 11000.
[21]   Vilos et al., (2009): The Levonorgestrel Intrauterine System is an Effective Treatment in Women with Abnormal Uterine Bleeding and Anticoagulant Therapy. Journal of Minimally Invasive Gynecology, Vol 16, No 4, 480-484. Available at www.sciencedirect.com and www.jmig.org
[22]   Uskal et al., (2003): Women's Hysterectomy Experiences and Decision-Making. Journal of Women's Health and Gender-Based Medicine 1-20.
[23]   Elfayomy & Kadry, (2013): Assessment of Endometrial Thickness and Ovarian Volume as Risk Factors for Endometrial Carcinoma in Women with Recurrent Postmenopausal Bleeding. , Vol. 21 NO. 3, pp. 117-123.
[24]   Bitzer J, Serrani M & Lahav A, (2013): women's attitude toward heavy menstrual bleeding and their impact on quality of life. Open access J contraception; 4:21 – 28.

Table 1: Distribution of The Studied Patients According to Their Characteristics (n=215)

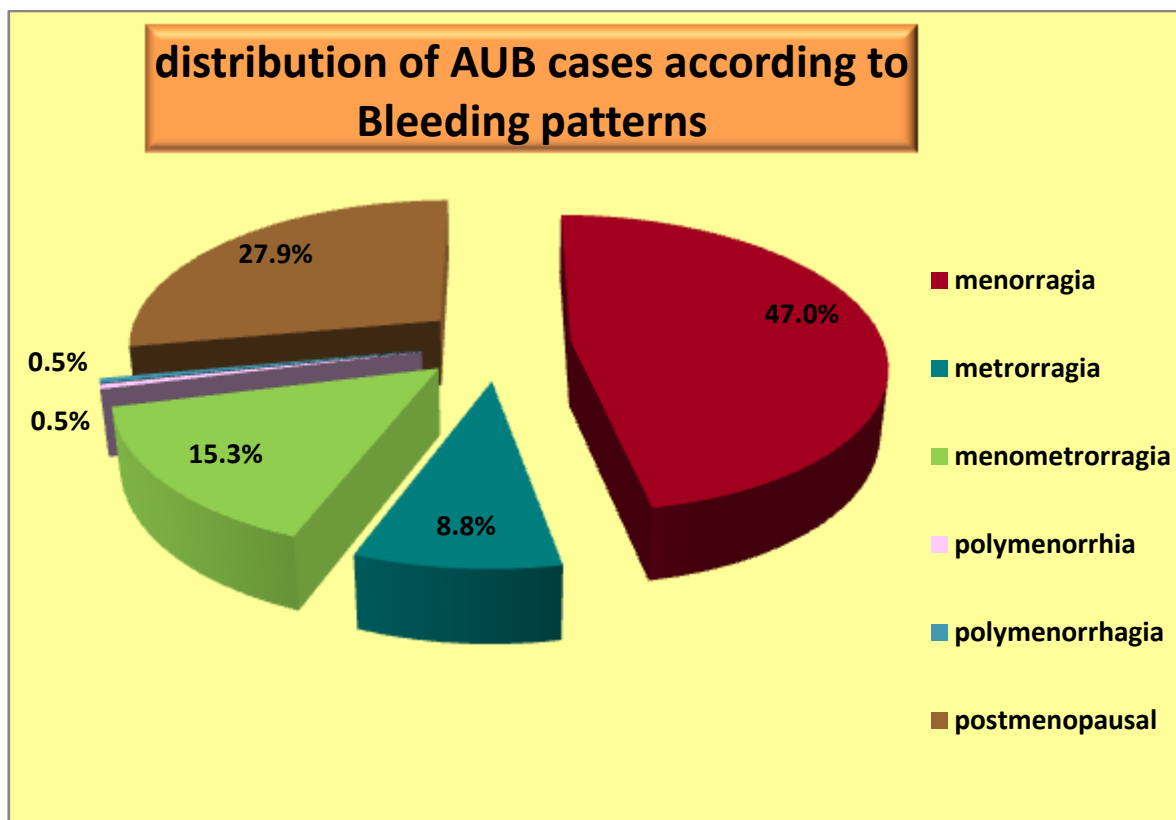| Patients characteristics	Groups						MCP
	Reproductive (n=35)		Perimenopausal (n=120)		Postmenopausal (n=60)		
	No	%	No	%	No	%	
Age **Range** **Mean ± SD**	(20-39) 33.6± 5.8		(40-50) 45.4 ± 3.9		(51-73) 58.3± 7.6		(20-73) 48.2± 3,2
Education level Illiterate/read & write Basic Secondary & university	3 18 14	8.6% 51.4% 40.0%	26 68 26	21.7% 56.7% 21.6%	50 10 0	83.3% 16.7% 0.0%	0.001**
Parity ▪ Nullipara ▪ 1-3 ▪ 4+	9 24 2	25.7% 68.6% 5.7%	8 44 68	6.7% 36.7% 56.6%	0 10 50	0.0% 16.7% 83.3%	0.001**
History of co morbidities ▪ no ▪ yes	24 11	68.6% 31.4%	40 80	33.3% 66.7%	4 56	6.7% 93.3%	0.001**

Figure 1: Distribution of the Studied Women According to the Bleeding Patterns (n= 215)
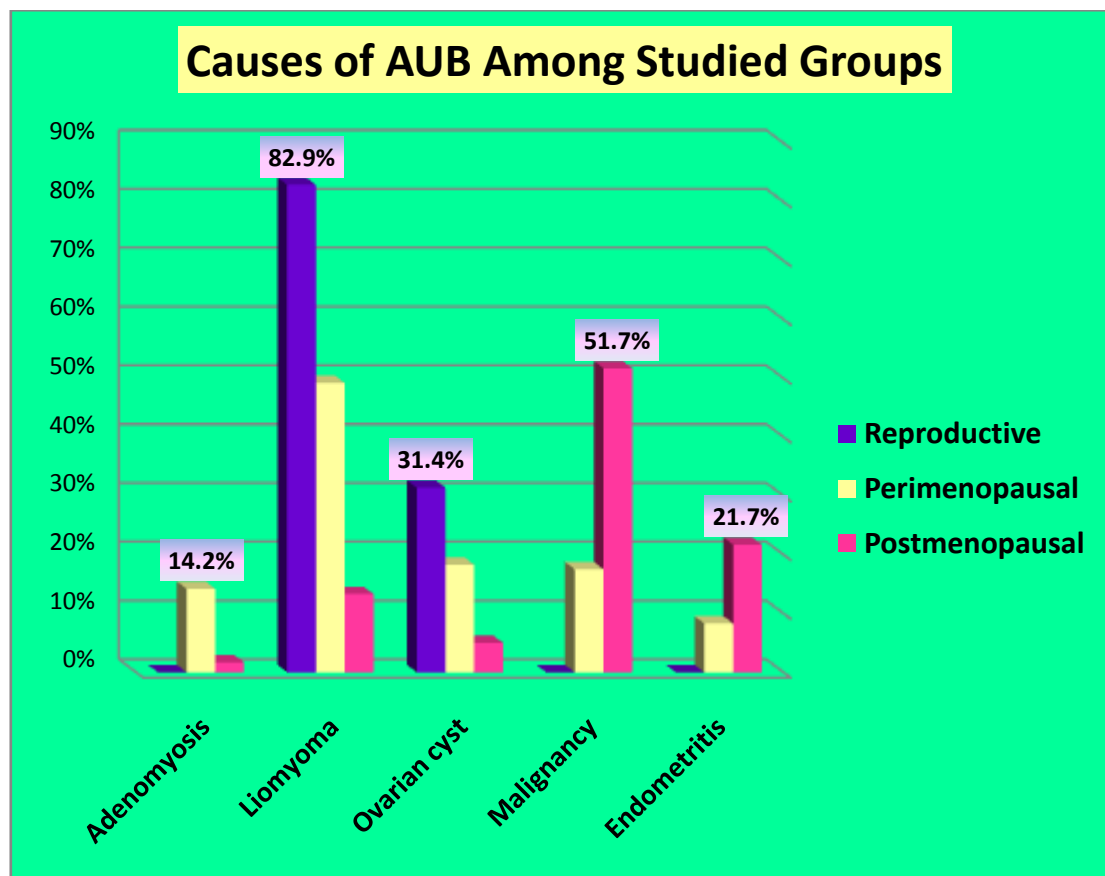
Figure 2: Distribution of the Studied Women According to Causes of AUB (n=215)

Table 2: Distribution of the Studied Patients According to the Present Clinical Findings Associated with AUB (n = 215)

Clinical findings associated with AUB	Groups						MCP
	Reproductive (n=35)		Perimenopausal (n=120)		Postmenopausal (n=60)		
	No	%	No	%	No	%	
Pain in lower abdomen & groin	35	100.0%	99	82.5%	29	48.3%	0.001**
Anemia	20	57.1%	52	43.3%	18	30.0%	0.031*
HB Mean ± SD	10.0±2.3		11.0±2.0		11.9±1.8		
Obesity	18	51.4%	82	68.3%	54	90.0%	0.001**
BMI Mean ± SD	26.1 ± 4.6		28.6 ± 5.4		31.1 ± 7.2		
Endo cervical mass	3	8.6%	20	16.7%	15	25.0%	0.117

Table 3: Distribution of the Studied Women According to their Experience with AUB (n = 215)

Women Experience with AUB	Groups						MCP
	Reproductive (n=35)		Perimenopausal (n=120)		Postmenopausal (n=60)		
	No	%	No	%	No	%	
Women knowledge about AUB ▪ Correct ▪ Insufficient ▪ Not Correct	20 10 5	57.1% 28.6% 14.3%	49 53 18	40.8% 44.2% 15.0%	19 26 15	31.7% 43.3% 25.0%	0.349
Satisfaction with treatment							

given ▪ Satisfied ▪ Not Satisfied	16	45.7%	89	74.2%	45	75.0%	0.003*
	19	54.3%	31	25.8%	15	25.0%	
Dissatisfaction due to:	(n=19)		(n=31)		(n=15)		
▪ Unsolved infertility problems	8	42.1%	8	25.8%	0	0.0%	
▪ Fear from complications related to surgery	4	21.0%	12	38.7%	12	80.0%	0.085
▪ Feel no improvement	7	36.9%	11	35.5%	3	20.0%	

Table 4: Distribution of the Studied Patients According to the History of Abnormal Uterine Bleeding (n=215)

History of AUB	Groups						MCP
	Reproductive (n=35)		Perimenopausal (n=120)		Postmenopausal (n=60)		
	No	%	No	%	No	%	
Delay in diagnosis < 1 year	24	68.6%	88	73.3%	36	60.0%	0.352
≥ 1year	11	31.4%	32	26.7%	24	40%	
Range (months)	3- 16		3- 18		3- 24		
Reasons for delay							
▪ Misdiagnosis	7	20.4%	10	8.3%	36	60.0%	
▪ Does not Take Symptoms Seriously	3	8.1%	11	9.2%	15	25.0%	0.028*
▪ Think that's Normal	24	68.6%	88	73.3%	0	0.0%	
▪ Long Waiting List	1	2.9%	11	9.2%	9	15.0%	
Recurrence of Hospital Admission							
▪ No	35	100.0%	116	96.7%	53	88.3%	0.019*
▪ Yes	0	0.0%	4	3.3%	7	11.7%	

Table 5: Abnormal Uterine Bleeding Impact Questionnaire Among the Studied Patients (n=215)

Questions	AUBIQ Scores Mean ± SD
1. Do you feel that your social activities have been impaired because of your menstrual bleeding?	2.1 ± 0.4
2. Do you feel that your work performance has been impaired because of your menstrual bleeding?	1.8 ± 0.3
3. Do you feel tired or exhausted because of your menstrual bleeding?	1.5 ± 0.1
4. Do you feel less productive during menstruation?	2.8 ± 0.2
5. Do you feel unclean or unhygienic during menstrual bleeding?	1.1 ± 0.2
6. Do you feel depressed during menstrual bleeding?	2.2 ± 0.5
Total Score Mean ± SD	11.5 ± 1.7