

## Typical and problem periods – video transcript

Almost 50% of the global population have had periods, also known as menstruation. Periods vary from person to person and from month to month. So what are periods and how do you know if they are typical or problematic?

Menstruation happens when the inner lining of the womb, called the endometrium, breaks down and sheds through the cervix and vagina.

The menstrual cycle is controlled by hormones produced by the ovary – mainly **oestrogen** and **progesterone**.

Oestrogen is the main hormone in the first half of the menstrual cycle and it thickens the endometrium to prepare for a possible pregnancy.

Progesterone is the main hormone in the second half of the cycle and fine tunes the endometrium to allow a pregnancy to implant.

If there is no pregnancy, ovarian hormone levels drop dramatically. This drop causes inflammation and shedding of the endometrium, which leaves the body as a period.

Research from around the world has shown that typical periods last up to 8 days, happen every 24 to 38 days and can vary in their regularity by up to 8 days. This means that periods don't necessarily come exactly once per month.

The drop in ovarian hormone levels at menstruation can lead to contraction of the womb muscle and menstrual cramps. Changes in mood, altered bowel movements and skin and hair changes are also common before or during a period.

So what happens when things aren't typical? Periods can be too long, irregular and unpredictable, too frequent or infrequent, or too heavy.

Heavy menstrual bleeding means that the amount of blood that someone loses is interfering with their life, for example causing them to miss school, work or their normal activities.

Excessive bleeding during a period can lead to anaemia, which may cause tiredness, dizziness and shortness of breath.

Heavy periods can also result in flooding through period products and clothes.

Other period problems may include an extreme negative impact on mood or severe period pain.

The underlying reasons for menstrual problems can be divided into "structural" and "non-structural" causes.

Structural causes of problematic periods are normally the result of tissue growing differently and include polyps, fibroids, adenomyosis, or very rarely, cancer of the vagina, cervix or endometrium. These structural causes can usually be detected during a routine examination or ultrasound scan.

Non-structural causes don't show up on scans.

They include underlying blood disorders, problems releasing an egg from the ovary, issues with inflammation of the endometrium or the function of specialised blood vessels in the womb, side effects from medications such as contraceptives, or endometriosis.

Having open conversations about periods can help you and others to know when things aren't right. If problematic periods are interfering with your life, or the life of someone you know, there is help available.

There are websites offering support, including the [NHS website](#) and [Healthy Optimal Periods for Everyone](#) (HOPE).

The Scottish government has committed to making period products freely available for anyone who needs them and hopefully other countries will do the same.

Schools, universities and other public bodies may provide these products free of charge.

Discussing your period problems with a GP is often very helpful as there are many effective treatments available. It is important to work out the cause of the problem to get the best treatment available. This may require referral to a gynaecologist, a doctor with expertise in treating period problems.

Here at the MRC Centre for Reproductive Health at the University of Edinburgh we are carrying out research to help prevent problematic periods and to develop better treatments for those who are suffering.

If you are interested in finding out more or taking part in a study, [please visit our website](#).

## **CREDITS**

With thanks to our funders:

- Wellcome-University of Edinburgh ISSF3 Public Engagement with Research Seed Fund
- RSE Young Academy of Scotland

Narration

- Dr Jackie Maybin

Illustration and animation

- Dr Lana Woolford

Public involvement

- Onya Lawson

Script

- Ginnie Clark
- Dr Jackie Maybin
- Dr Lana Woolford
- The Maybin Group