Anaemia and the many reasons for it

YOUR HEALTH

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Anaemia is present in 55 per cent of Indian women. If their haemoglobin is checked, it will be below the normal of 12 gm/dL. Women are more likely to become anaemic than men because their haemoglobin and iron stores get depleted due to menstruation and childbirth. The menstrual bleeding may be normal, only marginally excessive or continuous and non-stop. Most often, anaemia from blood loss sets in gradually and imperceptibly. This leaves a previously active, hard-working woman unable to cope with the rigours of her life.

Unfortunately, menorrhagia (excessive bleeding) and polymenorrhea (frequent periods) are often not taken seriously. Friends and well-wishers say, "Oh, it will cure itself", or "just eat a few dates", or "ask your doctor for some intravenous fluids and you will be alright". Unfortunately, this is not the case. The treatment for these conditions is not arbitrary, nor is it the same for every patient. It is not a question of "one size fits all". Investigations need to be done to find out why the condition has occurred and then treat that specific cause.

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Polymenorrhea occurs when a menstrual cycle is shorter than 28 days. Menorrhagia is characterised by excessive blood loss. It can be caused by blood loss greater than average per cycle or by a period lasting longer than seven days. This bleeding may soak through a sanitary pad or tampon, and one may need to change every one to two hours. There may be a lot of blood clots. It may soak through the clothes. The person may have to wake up in the night to change protection. Anaemia may develop because of the blood loss, leading to fatigue, shortness of breath and weakness.

Menarche is the age at which the first menstrual period occurs. It may be at any age between nine and 15 years. Cycles may be irregular, scanty or excessive at this time. The most common reason for this is that ovulation is not yet fully established, so the cycles occur without ovulation. The cyclic ratio of the hormones progesterone and oestrogen is not balanced. Some affected girls may have an underlying inherited bleeding disorder, a platelet function defect or a coagulation factor defect. They may be suffering from hypothyroidism or have already started to develop polycystic ovaries (PCOD). Girls who are suffering from chronic liver or kidney disease are also likely to have excessive bleeding. Very rarely, the genital tract, the ovaries or the uterus may be abnormally formed or there may be a tumour. Sometimes, after an abortion or childbirth, not everything is expelled from the uterus. That may also lead to heavy, continuous bleeding.

The causes of heavy menstrual bleeding remain relevant throughout the reproductive years. When cycles become abnormal — whether excessively heavy, prolonged or unusually frequent — they require proper evaluation. This includes a thorough physical examination, blood tests, ultrasound and, when indicated, further tests such as a hysterosalpingogram, CT scan or laparoscopy. Menorrhagia cannot be effectively treated without first establishing a clear diagnosis.

Menopause is defined as the absence of menstrual bleeding for 12 consecutive months. This usually occurs between the ages of 45 and 55 years. Any bleeding or even spotting after menopause is abnormal and must be investigated. Essential tests include a Pap smear and curettage, which help rule out cancers of the cervix and uterus.

In women, bleeding disorders can sometimes be severe enough to require blood transfusion, particularly when haemoglobin levels fall below 6 mg/dL. Milder cases may often be managed with iron supplements or hormonal therapy. However, all cases should be taken seriously, carefully evaluated and appropriately treated to ensure that women maintain a good quality of life.

The writer has a family practice at Vellore and is the author of *Staying Healthy in Modern India*. If you have any questions on health issues please write to *yourhealthgm@yahoo.co.in*