



# Experience of Norethisterone Tablets in the Treatment of Perimenopausal Dysfunctional Uterine Bleeding

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## Abstract

**Objective:** Experience of Norethisterone Tablets in the treatment of perimenopausal dysfunctional uterine bleeding, which in order to exchange experience with Clinician. **Methods:** 60 patients who were treated in our hospital during May 2015 to May 2016 have been diagnosed with perimenopausal dysfunctional uterine bleeding as the research object, and performed Diagnostic curettage on all patients. Then, randomly divided all the patients into two groups that every group has 30 cases. The patients in the experimental group were given Norethisterone Tablets after curettage, but the control group was given Medroxyprogesterone Acetate Tablets. **Results:** In the experimental group, 14 cases were cured, 11 cases were markedly effective, 3 cases were effective, and the total effective rate was 93.33%. While in the control group, 5 cases were cured, 9 cases were markedly effective, 10 cases were effective, the total effective rate was 80%. The comparison showed that the total effective rate of the two groups was different, and the difference was statistically significant ( $P < 0.05$ ). **Conclusion:** Norethisterone Tablets treatment of perimenopausal dysfunctional uterine bleeding has obvious curative effect, which has little side effect, and the price is low. It is worthy of wide clinical application.

## Subject Areas

Clinical Trials

## Keywords

Norethisterone Tablets, Perimenopausal Dysfunctional Uterine Bleeding, Experience

## 1. Introduction

Perimenopausal dysfunctional uterine bleeding (the abbreviation of perimenopausal Dub) refers to that the ovarian function of perimenopausal women gradually decreases with age, which leads to imbalance of estrogen and progesterone, and then abnormal endometrial reproduction that eventually leads to irregular menstruation [1]. One caveat is that it is not caused by organic disease or systemic disease of peri menopausal dysfunctional uterine bleeding. The disease occurs in women aged 45 - 55 years, and the most common clinical symptom of it is irregular uterine bleeding, which shows disorders of the menstrual cycle whose main Clinical manifestation is the menstrual cycle lengths, menstruation is not fixed, more or less, sometimes even bleeding. There is no abdominal pain or other discomfort during the bleeding period, but the amount of bleeding is much, the time is long, and secondary anemia often occurs, which can lead to shock in severe cases. In this paper, the treatment of perimenopausal dysfunctional uterine bleeding treatment effect of Norethisterone Tablets analysis.

## 2. General Data

### 2.1. Admission Criteria for Cases

1. Patients met the diagnostic criteria of perimenopausal dysfunctional uterine bleeding. Diagnostic criteria: through diagnostic curettage, pathological examination showed: Endometrial simple hyperplasia. 2. Informed and volunteered to participate in this study.

### 2.2. Exclusion Criteria for Cases

1. Combined with organic lesions or other diseases that may cause vaginal irregular bleeding. Malignant endometrial lesions. 2. Ovulation or anticoagulant drugs have been used in the near future.

### 2.3. General Information of Cases

Patients who were treated in our hospital during May 2015 to May 2016 have been diagnosed with perimenopausal dysfunctional uterine bleeding as the research object, which aged between 49 and 55 years, and irregular vaginal bleeding due to organic or systemic diseases was excluded. The patients were randomly divided into two groups, the experimental group and the control group with 30 cases each. Compared with the general data of the two groups,  $P > 0.05$ , comparable.

## 3. Medication Methods

On the fifth day after the curettage, 30 patients in the experimental group began taking Norethisterone Tablets (Shanghai Xinyi balance Pharmaceutical Co. Ltd.), whose specifications are 100 tablets per bottle.

The first three days, patients take 8 tablets each time, once every 8 hours; then

from the fourth day to sixth day, take 6 tablets each time, once every 8 hours; and from the seventh day to ninth day, take 6 tablets each time, but once every 12 hours; from the tenth day to the twelfth day, take 4 tablets each time, once every 12 hours; from the thirteenth day to the twentieth day, take 3 tablets each time, once every 12 hours. 20 days for a cycle, taking three cycles continuously. During the period of first cycles, if the withdrawal bleeding occurs, second cycles can be taken on the fifth day, so as to push, and then three cycles should be taken continuously. On the fifth day after the curettage, the patients in the control group needed to start taking Medroxyprogesterone Acetate Tablets, which is the same with the experimental group, take 2 tablets each time, three times a day, take 20 days continuously, and a total of three cycles. The other taking methods were the same as those in the experimental group.

#### 4. Observation Index

Observation and statistics of 60 cases of menstrual cycle and vaginal bleeding control.

#### 5. Criteria of Curative Effect

The criteria for curative effect refer to the guidelines for establishment of guidelines for clinical diagnosis and treatment of dysfunctional uterine bleeding (Draft) [2]. Recovery means that Irregular vaginal bleeding stopped, no recurrence was observed after 180 days of drug withdrawal. Result refers to that he irregular vaginal bleeding basically stopped or the amount of bleeding decreased significantly, and no recurrence was observed after 180 days of drug withdrawal. Effective means that Irregular vaginal bleeding decreased. Inefficient means that the amount of irregular vaginal bleeding did not decrease or increase. Total effective is equal to the sum of Recovery, Results and Effective.

#### 6. Statistical Treatment

The data were processed by SPSS18 statistical software, and the count data were examined by X<sup>2</sup>, and the difference was significant by  $P < 0.05$ .

#### 7. Result

As shown in **Table 1**, after three cycles of treatment, the experimental group was treated as follows: Recovery 14 cases, Results 11 cases and Effective 3 cases, and the total effective rate was 93.33%. The control group was treated as follows: Recovery 5 cases, Results 9 cases and Effective 10 cases, the total effective rate was 80%. Statistical analysis found that the total effective rate of the two groups were different, the difference was statistically significant ( $P < 0.05$ ). Except for 3 cases of transient dizziness, nausea and burnout, the rest of the experimental group had no discomfort caused by drug reaction. There were 5 cases of nausea and vomiting in the control group, and 2 cases of facial pigmentation (**Table 1**).

**Table 1.** Clinical efficacy analysis of two groups.

Group	Cases	Recovery	Results	Effective	Inefficient	Total effective rate (%)
Experimental group	30	14	11	3	2	20 (93.33)
Control group	30	5	9	10	6	24 (80)

## 8. Discussion

In perimenopausal period, ovarian function decreases continuously, the level of gonadotropin increases, and the endometrium is stimulated by single estrogen without progesterone, which causes estrogen breakthrough bleeding or withdrawal hemorrhage. There are two types of estrogen breakthrough bleeding. One is that low levels of estrogen are maintained at the threshold level, and a small amount of bleeding occurs at this time. Because of the slow intimal repair, the bleeding time will be prolonged. The other is a high level of estrogen in the maintenance of effective concentration, which can cause menstrual cramps for a long time, because without progesterone participation, although intimal thickening but not strong, prone to breakthrough bleeding, and blood surging. While estrogen withdrawal bleeding is continuous endometrial hyperplasia in single estrogen stimulation, the majority of growing follicles degenerate atresia that leads to a sharp reduction in the level of estrogen, then endometrial hormone lose support and peeling bleeding. In addition, studies have shown that Norethisterone Tablets is a 19 derivative of testosterone, and its progesterone effect is 10 times higher than that of progesterone [3]. Androgen in Norethisterone Tablets can resist estrogen, and can quickly turn endometrium into secretory phase and even atrophy, and can inhibit the secretion of estrogen receptor, increase the metabolic clearance rate of estrogen [4]. Norethisterone Tablets that stops bleeding is more perfect also has the effect of promoting angiogenesis, and can reduce the amount of withdrawal bleeding. At the same time, it can prevent estrogen withdrawal and bleeding, and inhibit the breakthrough bleeding of progesterone. Previous research has shown that the use of Norethisterone Tablets treatment of peri menopausal dysfunctional uterine bleeding, menstrual cycle menstrual regularity gradually, it not only shortens the monthly, corrects anemia, but also significantly improves the quality of life of patients. Because of the low price of Norethisterone Tablets, the compliance of patients is better, [5].

This study showed that the total effective rate of the experimental group was higher than that of the control group, and the total effective rate of the two groups was significantly different ( $P < 0.05$ ). In summary, Norethisterone Tablets treatment of perimenopausal dysfunctional uterine bleeding has obvious curative effect, little side effect; and as its price is low, so it is worthy of wide clinical application.

However, although there are some new data on the treatment of perimenopausal dysfunctional bleeding with Norethisterone Tablets, it also has some limitations. This study mainly discusses the clinical efficacy of Norethisterone

Tablets in the treatment of dysfunctional uterine bleeding in perimenopausal period, but the adverse reactions caused by avoiding drug treatment need to be further studied.

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