OBJECTIVES: Cost burden of menorrhagia or heavy menstrual bleeding (HMB) has not been well documented. This study evaluated the healthcare resource utilization, work productivity loss, and costs associated with newly diagnosed HMB using a large employer database.

METHODS: An analysis was conducted of health insurance claims (1998-2009) from 40 self-insured companies across the US. Women aged 18-52 years with ≥2 diagnoses claims of HMB (ICD-9: 626.2, 627.0) within 6 months as of the date of the first HMB diagnosis ("index date") and continuously enrolled for ≥6 months prior to the index date were matched 1:1 with controls (no-HMB) based on exact matching factors and propensity scores. Exclusion criteria were diagnosis of cancer, pregnancy/delivery, clinician-identified uterine conditions, endometrial ablation or hysterectomy, diagnosis of organic causes of HMB, and dispensing of anticoagulant medications. All-cause healthcare resource utilization and costs were compared between the HMB and no-HMB control cohorts using statistical methods accounting for matched study design. RESULTS: The HMB and no-HMB cohorts (31,308 women in each group) were well-matched with respect to age, year of index date, region, comorbidities, and baseline characteristics. Cost differences comparing follow-up HMB patients had significantly higher all-cause resource utilization than no-HMB patients (hospitalization: incidence rate ratio [IRR] = 2.68, 95% CI 2.59-2.76, p < .0001; emergency room: IRR = 1.36, 95% CI 1.33-1.40, p < .0001; outpatient: IRR = 1.29, 95% CI 1.28-1.29, p < .0001). Average annualized (per-woman) all-cause healthcare and work productivity loss costs were also significantly higher for HMB patients compared to the no-HMB group ($6,275 vs. $3,740, cost difference $2,535, p < .0001). Costs associated with HMB claims represented 50% ($2,601) of the all-cause cost difference between the two cohorts. The most prevalent initial treatment following diagnosis of HMB was endometrial ablation (45% of patients).

CONCLUSIONS: In this large matched-cohort study, a diagnosis of HMB was associated with significantly higher healthcare resource utilization and costs.