



BASIC INFORMATION

DESCRIPTION

Dysmenorrhea is severe, painful cramps during menstruation. Primary dysmenorrhea means pain has recurred regularly or within a year or two of the first period (puberty). Secondary dysmenorrhea means pain starts years after periods started. Women with dysmenorrhea are generally fertile. Severity of symptoms varies greatly from woman to woman, and from one time to the next in the same woman. Dysmenorrhea usually is less severe after a woman has had a baby.

FREQUENT SIGNS AND SYMPTOMS

- Cramping and sometimes sharp pains in the lower abdomen, lower back and thighs. The pain usually starts at onset of menses and lasts for hours to days. For some women, the pain may begin a week or more prior to the onset of menses and continue for a few days after cessation of flow.
- Nausea and vomiting (sometimes).
- Diarrhea (occasionally).
- Sweating.
- Lack of energy.
- Urinary frequency.
- Irritability, nervousness, depression.

CAUSES

- Strong or prolonged contractions of the muscular wall of the uterus. These may be caused by concentration of prostaglandins (hormones found in the cervix and uterus). Research shows that women with dysmenorrhea produce and excrete more prostaglandins than those who don't have as much discomfort.
- Other causes include:
 - Pelvic infections.
 - Endometriosis, especially if dysmenorrhea begins after age 20.
 - Adenomyosis (abnormal benign growth of the endometrium).
 - Fibroids or other benign tumors of the uterus.
 - Congenital uterine or vaginal abnormalities.
 - Use of intrauterine device (IUD).

RISK INCREASES WITH

- Use of caffeine or nicotine.
- Stress; lack of exercise; poor diet
- Family history of dysmenorrhea.
- Obesity.

PREVENTIVE MEASURES

- Take female hormones that prevent ovulation, such as oral contraceptives.
- Treatment of the underlying cause.

EXPECTED OUTCOME

- Symptoms can be controlled with treatment.
- Symptoms improve with age and with childbirth. Symptoms are rare in postmenopausal women.

POSSIBLE COMPLICATIONS

- Severe pain that regularly interferes with normal activity.
- Infertility from underlying cause.



TREATMENT

GENERAL MEASURES

- Pelvic exam and a patient history may help suggest the cause of dysmenorrhea. Ultrasound of the pelvic area may be recommended and sometimes, a diagnostic laparoscopy or laparotomy. A dilation and curettage (D&C) may be needed.
- Initial treatment aims are to relieve pain. Long term goals of treatment involve treating any underlying cause with medication, counseling or possibly surgery.
- Heat helps relieve pain. Use a heating pad or hot-water bottle on the abdomen or back, or take hot baths. Sit in a tub of hot water for 10 to 15 minutes as often as necessary.
- Transcutaneous electrical nerve stimulator (TENS) treatment may help relieve pain.
- Psychotherapy or counseling may be helpful, if dysmenorrhea is stress-related.
- Hypnosis therapy may help some women.
- Treatment, as required, for the cause for the secondary dysmenorrhea.
- Try to stop smoking and decrease alcohol use.
- Surgery may be recommended for women whose pain cannot be controlled by medications.

MEDICATION

- For minor discomfort, use nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen or naproxen.
- Other medications that may be prescribed are antiprostaglandins (for painful menstrual periods) and oral contraceptives, which prohibit ovulation.
- In severe cases, hormones (e.g., gonadotropin-releasing hormone [Gn-RH]) can stop ovary function and relieve pain.

ACTIVITY

- No restrictions. When resting in bed, elevate your feet or bend your knees and lie on your side.
- Regular, vigorous exercise reduces discomfort of future periods.

DIET

- Reduce or discontinue consumption of any caffeine-containing beverages or foods.
- You may be prescribed vitamin-B or vitamin E supplements. These help relieve symptoms in some persons.
- Herbal teas may help reduce symptoms of dysmenorrhea for some women.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of dysmenorrhea that cannot be controlled.
- Bleeding becomes excessive (you saturate a pad or tampon more frequently than once each hour).
- Signs of infection develop, such as fever, a general ill feeling, headache, dizziness or muscle aches.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.