

- Dysmenorrhea Basics
- Diagnosing Dysmenorrhea
- Questions to Ask

Severe Menstrual Pain

Many women experience painful menstrual cramps (dysmenorrhea) just before and during the first few days of their monthly periods. But if this pain is severe enough to interfere with your daily life, preventing you from attending school or work or participating in other usual activities, you should see your health care professional. You may have a condition called severe dysmenorrhea, which is the technical term for severe menstrual pain. In most cases it's easily treatable.

Dysmenorrhea Basics

If you have severe dysmenorrhea, your health care professional will work to determine whether there is something structural that's causing the pain, such as uterine fibroids or endometriosis. If it is something structural, the condition is known as "secondary" dysmenorrhea and treatment involves addressing the structural cause of the pain.

Questions to Ask Your Health Care Professional

1. Why are my menstrual periods so painful?
2. What tests will you use to figure out what's causing the pain?
3. Can you do these tests or will I need to go to another medical professional?
4. Which treatments will work best for me? Will they cure the pain?
5. If you need to refer me to a specialist, is there someone you can recommend?
6. Will any of the medications you're recommending cause side effects or interact with food or other medications I take?

When something structural can't be identified, your diagnosis most likely would be "primary" dysmenorrhea, a condition that affects anywhere from 40 to 95 percent of all menstruating women.

The release of prostaglandins, hormone-like substances connected with pain and inflammation that trigger uterine muscle contractions, are believed to be responsible for severe menstrual pain. The pain also may result from the stretching of the cervix as it expands to allow passage of blood clots from the uterus to the vagina.

Primary dysmenorrhea is more common in adolescents and young adults; in fact, it is a leading cause for missing school or work in this age group. The condition tends to improve as a woman grows older.

Some studies suggest that women who smoke, drink alcohol, are overweight or who started menstruating early in life (before age 11) have an increased risk of dysmenorrhea.

Symptoms of Dysmenorrhea

The most common symptom of dysmenorrhea is abdominal cramps, which may or may not radiate to the back of your legs or lower back. Other symptoms can include:

- nausea
- diarrhea
- vomiting

- fatigue
- fever
- headache
- light-headedness.

Pain usually develops within hours of when your period begins and peaks as the flow becomes heaviest during the first day or two.

Diagnosing Dysmenorrhea

Before recommending treatment, your health care professional will need to determine whether you have primary or secondary dysmenorrhea. He or she will start by asking you about your medical history and symptoms and by performing a pelvic examination.

If your symptoms began during your teenage years or early adulthood and your examination is normal, you likely have primary dysmenorrhea. But if your painful periods began after age 25, with no previous history of such pain, and have not been helped by over-the-counter pain relievers, you may have an underlying problem that is causing dysmenorrhea.

Some women with primary dysmenorrhea may find their cramps worsening over the years, suggesting they may have developed secondary dysmenorrhea as well. In addition to the pelvic exam, you may need to have one or more of the following tests to investigate:

- **Imaging tests.** These noninvasive tests enable your health care professional to look for abnormalities inside your pelvic cavity. Test examples include ultrasound, computed tomography (CT) and magnetic resonance imaging (MRI).

Resources

American Academy of Family Physicians

1-800-274-2237

www.aafp.org

National organization of family physicians provides articles from the *American Family Physician* journal, as well as other current information and links.

American Society for Reproductive Medicine (ASRM)

205-978-5000

www.asrm.org

Offers information on reproductive health for consumers and health professionals.

The Hormone Foundation

The education affiliate of the Endocrine Society

1-800-467-6663

www.hormone.org

Offers resources on hormone-related conditions and treatment options.

National Women's Health Resource Center

"Your Guide to Uterine Health"

1-877-986-9472

www.healthywomen.org

An online overview of uterine health, including severe menstrual pain. Also available in print.

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- **Laparoscopy.** Your health care professional makes a small incision in your abdomen and uses a fiber-optic tube called a laparoscope to examine the pelvic region.

- **Hysteroscopy.** In this procedure, your doctor inserts an instrument into your vagina and through your cervical canal to examine the inside of your uterus.

Some of the more common causes of secondary dysmenorrhea include:

- **Endometriosis,** a condition in which endometrial tissue, which makes up the uterine lining, grows outside the uterus.

- **Pelvic inflammatory disease,** a bacterial infection of the pelvic organs that is usually sexually transmitted.

- **Use of an intrauterine device (IUD),** a small, plastic, T-shaped birth control device inserted into the uterus.

- **Uterine fibroids and uterine polyps,** abnormal growths that can protrude from the lining of the uterus.

Treating Severe Menstrual Pain

Treatment for secondary dysmenorrhea is determined by the underlying cause. Depending on the condition, medications and/or surgery may be needed.

Medications

For primary dysmenorrhea, the first line of treatment is usually a non-

steroidal anti-inflammatory drug (NSAID) such as ibuprofen, which inhibits the production of prostaglandins. These medications generally are most effective when started 24- to 48-hours before the onset of menstruation and continued for one or two days after onset. You may need to try several over-the-counter medications before finding one that works for you. Or, you may need a prescription-strength NSAID.

Oral contraceptives, or birth control pills, are another effective treatment option. The birth control pill inhibits ovulation and reduces menstrual flow. More than 90 percent of women with primary dysmenorrhea experience complete relief in response to oral contraceptives.

Either NSAID or an oral contraceptive is usually sufficient to treat the pain, although some women find they require both. For approximately one out of 10 women, however, neither medication will work. If this is true for you, continue working with your health care professional to find other solutions. Some women have found relief with alternative treatments such as acupuncture and dietary changes and supplements.

Other lifestyle changes that you may find helpful include reducing stress, exercising regularly, getting enough sleep and eating a healthy diet.

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