

Dysmenorrhea

What is Dysmenorrhea?

Dysmenorrhea means painful periods. It is a common problem affecting as many as 75% of females in the late teens and early 20's and gradually goes away. It is more common in women who have not yet had a child and often goes away after childbearing and increasing age. Menstrual cramps are responsible for lost time at work and at school.



There are two types of dysmenorrhea. Primary dysmenorrhea is severe menstrual cramps that usually start in the late teens. Primary dysmenorrhea is not caused by any disease or abnormality of the female organs. Secondary dysmenorrhea usually starts years after the first period, sometimes in the 30's or 40's and has a physical cause.

Women with dysmenorrhea have pain just above their pubic bone that may travel to their lower back and thighs. The pains usually start hours before the period begins and may last for several days.

What causes Dysmenorrhea?

Menstrual pain is caused by the release of certain hormones called prostaglandins during the menstrual cycle. These hormones, called prostaglandins, cause muscle contractions in the uterus. The contractions decrease the amount of blood flow and oxygen the uterus receives, which cause pain.

Who is at risk for dysmenorrhea?

The highest risk for dysmenorrhea is in women with the following:

- smoking
- drinking alcohol during the menstrual period
- overweight
- history of starting the period before the age of 11
- Age younger than 20
- Heavy bleeding during periods
- Depression or anxiety
- Dieting
- Never having delivered a baby



What are the symptoms of Dysmenorrhea?

Women with severe menstrual pain experience dull, throbbing, aching, crampy pain in the lower abdomen, back, or thighs. These pains may begin as early as 12 to 24 hours before the periods start, may come and go and are usually strongest on the first day of the period. Some women may also experience fatigue, weakness, nausea, vomiting, diarrhea, headaches or lightheadedness. The symptoms usually go away within 48 – 72 hours.

Women who have secondary dysmenorrhea (pain with a physical cause) may have pelvic pain or painful intercourse in addition to painful periods. This type of pain is usually caused by an abnormality of the uterus or the pelvis.

How is Dysmenorrhea diagnosed?

Your healthcare provider will ask you questions about your history of painful periods beginning with your first periods as a teen. You will also have an abdominal and pelvic/vaginal exam. In primary dysmenorrhea, the pelvic and vaginal exams are normal.

In secondary dysmenorrhea, the exam may find a reason for the pain such as endometriosis, ovarian cysts, uterine fibroids (benign muscle tumors) or pelvic infection. You may need more tests to determine the cause of your pain. These tests may include ultrasounds, MRI, laparoscopy (minor surgery with an instrument that allows the doctor to look within your abdomen) and hysteroscopy (a procedure that allows the doctor to see if the uterus and tubes are normal).

How is dysmenorrhea treated?

The most common treatment for dysmenorrhea is nonsteroidal anti-inflammatory drugs (NSAIDs). These are medications containing as ibuprofen that are very effective in reducing menstrual pain. Some NSAIDs are available over-the-counter while others may require a prescription.

NSAIDs will give the most relief if you begin taking them 1 to 2 days before your period starts and continue taking them for 2 to 3 days.

Another way to decrease menstrual pain is to use a hormonal form of birth control. This includes birth control pills, Depo-Provera and the IUD containing hormones. The hormones in these birth control methods prevent ovulation (the making of an egg by the ovary). This decreases the amount of prostaglandins your body produces, which decreases both the amount of menstrual blood and the painful uterine contractions.

There are also other comfort measures you can use without taking medication. Applying heat to your lower abdomen or taking a warm bath

may decrease painful muscle spasms. Getting adequate rest will decrease pain. Exercising will increase endorphins (natural pain killers found in the brain) and decrease prostaglandins. Eating a diet high in complex carbohydrates (whole grain bread and pasta, oatmeal, brown rice), fiber (fruits and vegetables with the peels, corn, cooked dried beans, and celery), fruits, and vegetables and low in salt may also help.



Some women find relief from treatments such as yoga and acupuncture or other stress relieving measures. Others are helped by herbal supplements such as flax seed oil. Taking magnesium, zinc and Vitamin E and Vitamin B1 (thiamine) supplements may also be helpful.

Although bedrest has not been proven to relieve menstrual pain, it may be the only option with severe pain.

Treatment of secondary dysmenorrhea depends on the cause. Women with endometriosis (the most common cause of secondary dysmenorrhea) may be treated with medication or surgery. Examination by a gynecologist will be able to determine the cause and most successful treatment for secondary dysmenorrhea.