

DYSMENORRHEA

Many women experience pain and cramps that occur with menstruation. For some women, this pain is severe and limits normal activities. This is called dysmenorrhea.

SYMPTOMS: Symptoms that may be present include abdominal pain, cramping, low back pain, pain radiating down the upper legs, nausea, diarrhea, fatigue, weakness, headaches, or dizziness. Usually, the severe pain begins with the onset of a period and lessens over the next 12-72 hours.

TYPES OF DYSMENORRHEA:

- **Primary dysmenorrhea:** Severe menstrual pain begins within the first couple of years of menstruation. The uterine lining naturally produces prostaglandins, which are chemicals that cause the muscle of the uterus to contract. Women with dysmenorrhea may produce more prostaglandins which results in abnormally strong uterine contractions. Primary dysmenorrhea usually lessens with time, particularly after childbirth.
- **Secondary dysmenorrhea:** Onset of severe pain begins years after the onset of periods and is related to a physical cause. Examples include fibroids (benign muscle tumors of the uterus), endometriosis (tissue from the lining of the uterus growing in abnormal locations outside of the uterus), pelvic infections, and adenomyosis (growth of the endometrium into the muscle wall of the uterus).

DIAGNOSIS: History and pelvic exam are required to properly diagnose dysmenorrhea. Additional tests that may be ordered include cultures or a pelvic ultrasound. Occasionally, surgery, such as a diagnostic laparoscopy, is used to assist in making a diagnosis for the cause of the pain.

TREATMENT: Treatment is tailored to the type and cause of dysmenorrhea for each individual.

- Heat applied to the lower abdomen or back can be soothing.
- Exercising regularly will decrease dysmenorrhea. Aerobic exercise produces chemicals that block pain.
- Vitamin B1 or magnesium supplements may also ease pain.
- NSAIDs (nonsteroidal anti-inflammatory drugs) such as ibuprofen, naproxen, and mefenamic acid may provide pain relief and also decrease prostaglandin production when taken early (even the day before the period starts). If the medications that are available over the counter do not provide enough relief, a prescription medication from your provider may be necessary. Women with ulcers, bleeding disorders, or liver dysfunction should not use NSAIDs.
- Birth Control Pills, Depoprovera, and the Mirena IUD will generally decrease the severity of menstrual pain. By preventing ovulation (the release of an egg) with pills or the Depoprovera, the lining of the uterus stays thin and decreases prostaglandin release. Depoprovera and Mirena IUD's contain progestin hormones that eliminate or decrease the occurrence of periods and therefore eliminate the associated pain. Under your provider's guidance, birth control pills (oral contraceptives) can also be safely used to extend the time between periods (for example, every three months), or to stop periods from coming at all.
- Surgery may provide relief if symptoms are unable to be controlled with medications. Surgery is focused on treating the cause of the pain. For example, laparoscopy is frequently used for diagnosis and treatment of endometriosis. Removal of fibroids may be done by laparoscopy, robot-assisted laparoscopy, or laparotomy. Hysterectomy may also be an option if fertility is no longer desired.