Dysmenorrhoea

Dysmenorrhoea refers to excessive pain with menstruation. Whilst pain is frequently considered a normal symptom in the menstrual cycle, excessive pain or pain which leads to decreased ability to carry out normal daily activities is abnormal. The degree of pain that may be tolerated by individuals varies greatly and thus dysmenorrhoea is a highly subjective disorder.

Types of Dysmenorrhoea

There are two types of dysmenorrhoea - primary and secondary. Primary refers to pain which has no obvious cause. It tends to occur in younger women with no pelvic abnormality, particularly in the first few years after menarche (the period during which menstruation begins). Secondary dysmenorrhoea refers to pain which arises as a result of an underlying condition. It usually begins in older women in the third or fourth decade.

Signs and Symptoms:

Symptoms experienced with dysmenorrhoea depend on whether you have primary or secondary dysmenorrhoea. Pain is the predominant feature in both types. Symptoms which may be experienced include:

- cramp-like pain in lower back, abdomen and inner thighs
- tight sensation in inner thighs
- nausea
- vomiting
- diarrhoea
- light headedness

Diagnosis

In order to manage your dysmenorrhoea, your doctor (GP or gynaecologist) will need to ask you some questions about your health, including your gynaecological and sexual health. An examination of the pelvis may also need to be performed in order to identify any abnormalities, such as masses or infections, which may be contributing to the pain experienced during menstruation. In addition to this, the doctor may wish to take some swabs of the secretions around the vagina or cervix and send these to the laboratory to look for any signs of infection (such as chlamydia) which may be present without you knowing. In rare cases, the doctor may suggest laparoscopic surgery (minimally invasive surgery) to help identify the origin of the pain.

Treatment:

Treatment will depend on the underlying cause. Reassurance and pain relieving medications may be simple measures to effectively manage your dysmenorrhoea. This may include non-steroidal anti inflammatory drugs (NSAIDs) such as mefanamic acid started one to two days before the onset of the period. Alternatively, the combined oral contraceptive pill (see factsheet) may be recommended, to suppress ovulation and therefore your dysmenorrhoea. There are several different pills available and your doctor can discuss each of these with you to find one that best suits your needs. An intrauterine device which releases hormones and suppresses menstruation in a manner similar to the oral contraceptive pill may be recommended.

If you do not wish to take medication for this condition, other therapies have been shown to reduce pain, including heat packs and hot water bottles, thiamine supplements, vitamin E and high-frequency transcutaneous electrical nerve stimulation. However, this should be discussed with your health care provider first.

In secondary dysmenorrhoea, the underlying cause needs to be treated. This may require medication such as the oral contraceptive pill or other hormone treatments, antibiotics or even surgery to remove any masses or repair any abnormalities.

Although dysmenorrhoea itself does not cause infertility, some women may experience difficulties with falling pregnant. Psychological support and self help groups may be of benefit in this situation.

Health outcome:

The incidence of primary dysmenorrhoea decreases with age and the prognosis for primary dysmenorrhoea is excellent. The prognosis for secondary dysmenorrhoea depends on the underlying cause. Effective treatment of the underlying cause may abolish this pain.

Other resources:

American Congress of Obstetricians and Gynaecologists (http://www.acog.org/)

Related Factsheets


Help and assistance:
If you have any symptoms of or concerns about dysmenorrhoea:

- consult your usual general practitioner (GP)
- contact 13 HEALTH by phoning 13 43 25 84 and speak to a registered nurse.