

Dysmenorrhoea

What is dysmenorrhoea?

Dysmenorrhoea is pain in the lower abdomen, stemming from uterine cramps, during a menstrual period. The condition is called 'primary dysmenorrhoea' when no abnormality causing it is identified and 'secondary dysmenorrhoea' when an underlying gynaecological disorder is found to be the cause.

What causes dysmenorrhoea and who is at risk?

Primary dysmenorrhoea is common, possibly affecting more than 50 per cent of women. In about five to 15 per cent of the women affected, it is severe enough to interfere with everyday activities and may result in absence from school or work. It tends to start during adolescence and to become less severe with age and after having a baby. The pain is thought to result from contractions of the uterus that occur when the blood supply to its lining (endometrium) is reduced. The pain occurs only at the completion of an 'ovulatory' menstrual cycle, ie one during which an egg was released. It does not occur after an 'anovulatory' cycle during which no egg was released.

An underlying gynaecological disorder causing the symptoms (ie secondary dysmenorrhoea) is diagnosed in only one-quarter of women with dysmenorrhoea.

Several factors appear to worsen the pain of primary dysmenorrhoea:

- Having a retroverted (backward-tilting) uterus
- Lack of exercise
- Psychological stress

One of the most common causes of secondary dysmenorrhoea is endometriosis (see separate factsheet). In this condition endometrial tissue not only lines the inside of the uterus but also is present outside the uterus in the abdominal cavity, where it undergoes the same monthly cycle of changes. Other causes include:

- A narrow cervical canal (eg after treatment for a cervical disorder)
- Fibroids
- Adenomyosis (non-cancerous invasion of the muscular wall of the uterus by the uterine lining)
- Inflammation of the fallopian tubes
- Abnormal fibrous attachments (adhesions) between organs

What are the symptoms and complications of dysmenorrhoea?

The lower abdominal pain of dysmenorrhoea may extend into the lower back or into the thighs. It may consist of cramps that come and go or a dull ache that is constant. Generally the pain begins with or shortly before the menstrual flow, peaks after 24 hours and subsides after two days. Pain arising because of inflammation of the fallopian tubes or because of adhesions (where the lining of the tubes, uterus or cervix has stuck together abnormally) may also cause abdominal pain but this is unrelated to menstrual periods.

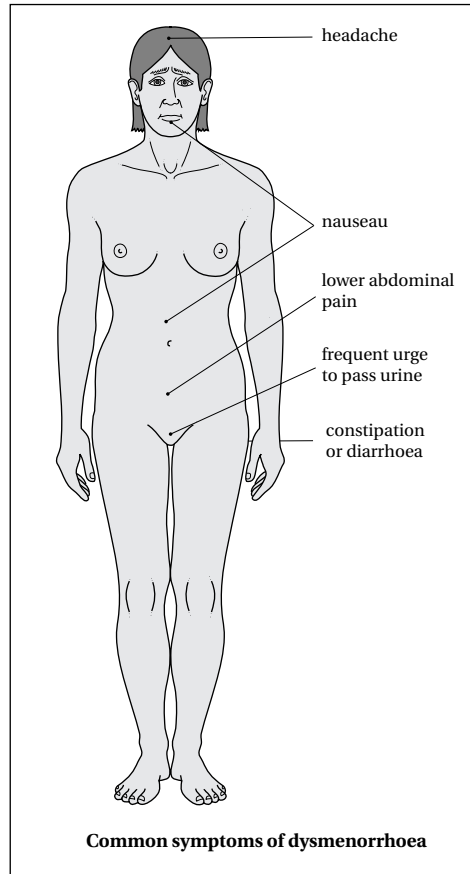
How do doctors recognise dysmenorrhoea?

In a typical adolescent woman, the diagnosis of primary dysmenorrhoea may be made without any investigations being necessary. In an older woman, especially someone who has not previously had painful periods, investigations to identify any underlying cause may include a laparoscopy (see separate factsheet). This is a procedure carried out under general anaesthetic. A flexible fibre-optic tube inserted through the skin and into the abdominal cavity is used to examine the uterus, fallopian tubes and ovaries.

What is the treatment for dysmenorrhoea?

Self-care action plan

Getting enough rest and sleep and exercising regularly may help reduce symptoms.



Medicines

The pain can usually be alleviated most effectively with 'non-steroidal anti-inflammatory drugs' (such as ibuprofen), many of which can be bought over the counter without a doctor's prescription. Such drugs are most effective when begun up to two days before a menstrual period is due and continued for the first one or two days of the period as cramps subside. If pain continues to interfere with normal activity,

you should discuss this with your doctor, who may suggest suppressing ovulation with the oral contraceptive pill.

Surgery

If the dysmenorrhoea is caused by having a narrow cervical canal, this can be widened surgically, often providing about three to six months of relief. When treatment of severe dysmenorrhoea has been unsuccessful, an operation in which the nerves to the uterus are severed occasionally helps.

Complementary therapy

As dysmenorrhoea is made worse by stress, you may find that any relaxation technique, such as yoga or Alexander technique, improves your symptoms. Alexander technique may help to relieve

muscle pains and help to control breathing in stressful situations. Some people have found that their symptoms have been improved by hypnosis or by acupuncture. Herbal compounds have not been shown to be effective and may be harmful.

What is the outcome of dysmenorrhoea?

Dysmenorrhoea is a common condition which, although painful, is not harmful and is usually easily managed.

As a woman ages, primary dysmenorrhoea tends to become less severe. If you have secondary dysmenorrhoea then the outcome depends on the cause: you may want to discuss this further with your own doctor.