

# DYSMENORRHEA

## Patient Information Fact Sheet

### ›What is dysmenorrhea?

Dysmenorrhea is the scientific term used to describe painful periods (menstruation). The term “primary dysmenorrhea” indicates that the pain is not the result of any identifiable abnormality, while the term “secondary dysmenorrhea” indicates that the pain is being caused by an underlying gynecological disorder (eg, endometriosis). It is estimated that as many as 50% of women may suffer from primary dysmenorrhea. Around a quarter of women with dysmenorrhea are thought to suffer from secondary dysmenorrhea. In some women, dysmenorrhea is severe enough to interfere with everyday activities.

### ›What are the symptoms of dysmenorrhea?

The most common symptom of dysmenorrhea is low abdominal pain, which can vary from a dull ache to painful spasms. The pain often spreads to the lower back and may be accompanied by other symptoms such as nausea (feeling sick), diarrhea or headaches. Some women may also suffer from dizziness. In primary dysmenorrhea, the pain usually starts just before or as the period begins. The pain usually lasts until about the second day of the period, although in severe cases it can last throughout the whole period. Primary dysmenorrhea usually begins around the time of puberty. Secondary dysmenorrhea is more common in women over 25 and should be checked by a doctor see what is causing the pain. Depending on the cause, other symptoms may be present.

### ›What causes dysmenorrhea?

The lower abdominal pain experienced by many women during their periods is caused by the muscles of the womb contracting. Hormonal changes at the time of menstruation are responsible for this. The level of prostaglandin, a natural hormone produced by cells in the womb lining, increases in the second half of the menstrual cycle. This causes the womb to contract more strongly and more often than usual, resulting in pain. Significantly higher prostaglandin levels have been found in the menstrual fluid of women with severe primary dysmenorrhea compared with other women. One of the most common causes of secondary dysmenorrhea is endometriosis. This is a condition in which cells of the womb lining are found outside the womb as well as inside, usually resulting in severe pain in the abdominal area at the time of menstruation. Fibroids are growths (usually noncancerous) that may develop in the womb. These can also cause pain and heavy bleeding during periods. Both of these conditions may require investigation before treatment can be given.

### ›How is dysmenorrheal treated?

Period pains are usually best treated with **non-steroidal anti-inflammatory drugs (NSAIDs)** such as ibuprofen (Advil, Motrin). NSAIDs help to relieve the pain by blocking the effects of prostaglandin on the strength and frequency of contractions of the womb. Ibuprofen taken regularly is usually effective at relieving the pain of dysmenorrhea and can be bought over the counter. Other NSAIDs must be prescribed by a doctor and include **mefenamic acid** (Ponstel) and **naproxen** (Naprosyn).

**Aspirin** (Bayer) and **acetaminophen** (Tylenol) may also be useful in dysmenorrhea but are not always as effective as NSAIDs. **Anticholinergic** drugs relax the smooth muscle of the womb and may be prescribed for dysmenorrhea when the pain is very spasmodic. These drugs can be very

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useful, however, they often cause side effects such as dry mouth and blurred vision. Taking the **combined oral contraceptive pill** will usually reduce the pain of primary dysmenorrhea, but it is not suitable for all women. Sometimes a single hormone, progesterone, can be given for a few cycles to relieve symptoms. In secondary dysmenorrhea, the underlying condition causing the pain should be treated accordingly.

### ›Self-help measures

- Apply a hot water bottle or heating pad to relieve the pain.
- Exercise. Some physical activity is of more benefit than inactivity and exercise may alleviate some of the pain.
- Try to avoid becoming constipated just before a period is due.

### ›Further information

Pubmed Health: [www.ncbi.nlm.nih.gov/pubmedhealth/PMH0005200/](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0005200/)

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