



## **DYSMENORRHEA**

### **Definition**

Dysmenorrhea, or uterine cramping at the onset or during menstruation, is a symptom and is not a condition or disease. There are two types of dysmenorrhea, primary and secondary. Primary dysmenorrhea is a type that begins with the women's first menstrual periods, whereas secondary dysmenorrhea does not begin until sometime later.

### **Causes**

Nearly all women experience uterine cramping at some point during their life. The severity of symptoms varies greatly between women and may vary greatly between one menstrual cycle and the next. For some reason, it is usually less severe after childbirth. While not all of the causes can be identified some of them include:

- Excessive production of prostaglandins that are hormonal substances produced by the uterine lining. These chemical substances cause the uterine muscles to contract.
- Pelvic/Uterine infections
- Endometriosis (growth of the uterine lining outside of the uterus)
- Uterine tumors such as fibroids (smooth muscle tumors of the uterus)
- Hormonal imbalance
- Congenital abnormalities such as an imperforate hymen or vaginal septum

### **Risk Factors**

Although most patients have no risk factors or no other associated conditions, there are some potential associated risk factors. These risk factors include:

- A family history of dysmenorrhea
- Stress, emotional or psychological factors
- Lack of exercise
- Use of caffeine
- Pelvic inflammatory disease

### **Diagnosis and Treatment**

The initial evaluation should begin with a thorough history and physical examination. The initial treatment should be aimed at relieving the pain. Generally this can be done with the use of non-prescription drugs such as aspirin or ibuprofen. Other types of non-steroidal anti-inflammatory agents can be used such as naproxen or mefenamic acid (Ponstel®). A new drug in the U.S., Lysteda® can also be used when heavy bleeding is a component. Rarely, a narcotic analgesic may be necessary. Oral contraceptives may be used to prevent ovulation and to decrease the amount of bleeding that occurs during the menstrual cycle. Regular, vigorous exercise has been shown to reduce the amount of discomfort. Some herbal teas can reduce menstrual cramping. Other non-pharmacological treatments include heat, relaxation in a tub of warm water, hypnosis, or the use of a transcutaneous electrical nerve stimulator (TENS).

If these forms of conservative treatments are not successful, consideration may be given for further diagnostic evaluation such as laparoscopy to exclude the possibility of endometriosis.