



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ046
GYNECOLOGIC PROBLEMS

Dysmenorrhea

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What is dysmenorrhea?

Dysmenorrhea is severe pain during menstruation that keeps you from normal activity. Symptoms of dysmenorrhea include the following:

- Cramps or pain in the lower abdomen or lower back
- Pulling feeling in the inner thighs
- Diarrhea
- Nausea
- Vomiting
- Headache
- Dizziness

What causes pain during menstruation?

During your period, the **uterus** contracts. Sometimes when it contracts you feel a cramping pain. The uterine muscles contract when prostaglandins are produced. **Prostaglandins** are chemicals made by the lining of the uterus. Before your period, the level of these chemicals increases. At the start of your period, prostaglandin levels are high. As you menstruate, the level of prostaglandins decreases. This is why pain tends to lessen after the first few days of the period.

Are there different types of dysmenorrhea?

There are two types of dysmenorrhea—primary or secondary. Primary dysmenorrhea is pelvic pain that comes from having your period and the natural production of prostaglandins. Often it begins soon after a pre-teen or teen starts having periods. In many cases, a woman's periods become less painful as she gets older. The pain also may lessen after giving birth. However, some women continue to have pain during their periods.

Secondary dysmenorrhea has causes other than menstruation and the natural production of prostaglandins. It may begin later in life than primary dysmenorrhea. This type of pain often lasts longer than normal cramps. For instance, it may begin long before your period starts. The pain may get worse with your period and not go away after your period ends.

What are some of the common causes of secondary dysmenorrhea?

Two of the most common causes of second dysmenorrhea are endometriosis and fibroids. Endometriosis is a condition in which tissue from the lining of the uterus is located outside of the uterus, such as in the **ovaries** and fallopian tubes. This tissue responds to monthly changes in **hormones** and also breaks down and bleeds. This bleeding can cause pain, especially right before, during, or after your period. Fibroids are muscle tumors or growths that form on the outside, the inside, or in the walls of the uterus. These tumors are not cancerous, but they can cause pain and heavy menstrual bleeding.

How is the cause determined?

The cause of dysmenorrhea is determined by your medical history, including your symptoms and menstrual cycles, and a **pelvic exam**. Based on these results, your doctor also may suggest some additional exams and tests, such as:

- A **Pap test**
- Certain lab tests
- An **ultrasound** exam

In some cases, your doctor can learn more by looking inside the pelvic region of your body. This is most often done by a surgical procedure called laparoscopy. In this procedure, the doctor makes a small cut near your navel. A thin lighted device—a laparoscope—is then inserted into your abdomen. The laparoscope lets the doctor view the pelvic organs. Laparoscopy often is done with **general anesthesia** in a surgery center or hospital.

How is it treated?

The treatment for dysmenorrhea may include medications and techniques to relieve pain. If the cause of dysmenorrhea is found, the treatment will focus on removing or reducing the problem. Some complementary and alternative treatments may help. In some cases, a mix of treatments works best.

What types of medications are used to treat dysmenorrhea?

Certain medications, called NSAIDs (non-steroidal anti-inflammatory drugs), block the body from making prostaglandins. This makes cramps less severe. These drugs also can prevent some symptoms, such as nausea and diarrhea. Most NSAIDs, such as ibuprofen and naproxen, can be bought over-the-counter (without a prescription).

NSAIDs work best if taken at the first sign of your period or pain. You usually take them for only 1 or 2 days and should avoid alcohol during this time. Women with bleeding disorders, liver damage, stomach disorders, or ulcers should not take NSAIDs.

Hormonal contraception, such as birth control pills, patches, and vaginal rings, also reduce menstrual pain. In some cases, the hormonal **intrauterine device (IUD)** may be recommended. If needed, contraception can be used with other medications that decrease estrogen levels or stop menstrual cycles. This helps prevent pain before it starts.

What types of surgery are used to treat dysmenorrhea?

If fibroids are causing the pain, your doctor may suggest surgery or **uterine artery embolization**. During surgery, the fibroid or the entire uterus may be removed.

Laparoscopy may be used to treat endometriosis. Tissue growing outside the uterus can be removed with laparoscopy or with open (abdominal) surgery. The tissue growth may return after the surgery, but removing it can reduce the pain. For the most severe cases, hysterectomy (removal of the uterus) may be done. This is normally the last resort.

What other treatments can ease the pain of dysmenorrhea?

Other treatments may help ease pain, although they do not prevent it:

- Taking vitamin B₁ or a magnesium supplement
- Massage
- Acupuncture or acupressure

What are some things you can do on your own to relieve pain caused by dysmenorrhea?

- Exercise—Exercising most days of the week can make you feel better. Aerobic workouts, such as walking, jogging, biking, or swimming, help produce chemicals that block pain.
- Apply heat—A warm bath or a heating pad or hot water bottle on your abdomen can be soothing.
- Sleep—Make sure you get enough sleep before and during your period. This can help you cope with any discomfort.
- Have sex—Orgasms can relieve menstrual cramps in some women.
- Relax—Meditate or practice yoga. Relaxation techniques can help you cope with pain.

Glossary

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Hormones: Substances produced by the body to control the functions of various organs.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Ovaries: Two glands, located on either side of the uterus, that contain the eggs released at ovulation and that produce hormones.

Pap Test: A test in which cells are taken from the cervix and examined under a microscope.

Pelvic Exam: A manual examination of a woman's reproductive organs.

Prostaglandins: Chemicals that are made by the body that have many effects, including causing the muscle of the uterus to contract, usually causing cramps.

Ultrasound: A test in which sound waves are used to examine internal organs. During pregnancy, it can be used to examine the fetus.

Uterine Artery Embolization: A procedure used to treat fibroids in which the blood vessels to the uterus are blocked. This helps stop the blood flow that allows fibroids to grow.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

FAQ046: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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