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Painful menstruation or dysmenorrhea

The aim of this leaflet is to provide information on dysmenorrhea and its treatment.

Dysmenorrhea, or painful menstruation, is a situation in which there is pain in the lower abdomen and/or back immediately before and/or during menstruation, which may also radiate to the thigh area. The pain is often patterned and lasts on average between 8 and 72 hours. Nausea, vomiting, headache, dizziness, general malaise may also be present.

Dysmenorrhea is a common cause of absenteeism from school/work and has a significant impact on a woman's quality of life.

Dysmenorrhea can be primary or secondary. Primary dysmenorrhea is not caused by a medical condition. Secondary dysmenorrhea occurs during life, for example due to endometriosis, adenomyosis, myoma, polyp, intrauterine device, etc. Dysmenorrhea can resolve itself over time.

Causes of painful menstruation

The reasons are not entirely clear. It is thought that the chemical substances formed in the uterine mucosa during menstruation – prostaglandins – cause excessive contractions of the uterine muscles, which can trigger pain and discomfort. Prostaglandins can also cause other complaints during the menstrual cycle, such as nausea and diarrhoea.

Diagnosis

The diagnosis is based on a thorough history – a check-up, if necessary – and additional examinations, such as a vaginal ultrasound examination. The purpose of examinations and check-ups is to exclude pelvic pathology.

In primary dysmenorrhea, a gynaecological check-up is not always necessary to begin treatment. If symptoms persist or are aggravated, additional examinations should be performed.

Treatment

The main goal of treatment is to provide the patient with sufficient pain relief to improve their quality of life. Treatment of secondary dysmenorrhea depends on the root cause.

Non-pharmacological methods also provide relief for some patients, but they are not evidence-based. You can use, for example, yoga, water and massage therapy, heat procedures and activities related to physical activity.

Nonsteroidal anti-inflammatory drugs (NSAIDs) are a group of drugs that effectively reduce pain associated with dysmenorrhea. These medicinal products (e.g. ibuprofen, naproxen, ketoprofen, dexketoprofen, etc.) are available without a prescription. In addition, paracetamol can be used.

Pain medications should be taken immediately and regularly if pain occurs.

Combined hormonal contraception (CHC, so-called birth control pills) inhibits the development of ovulation and is very effective in the treatment of dysmenorrhea, suitable for women who do not plan to become pregnant. Combined hormonal contraception can be used with NSAIDs.

Progestogen-only drugs do not always suppress ovulation, but still provide significant relief in most cases. Also suitable for women for whom CHC is contraindicated. **Progestogen-only pills (so-called minipills)** and **intrauterine hormonal system (also called a hormone coil) are used.**

It is important to find the most suitable treatment scheme for each woman. This can sometimes take time, and requires constant cooperation with the doctor and midwife, and patience. If there is a worsening of the condition on the background of the treatment regimen that has worked so far, be sure to consult a gynaecologist.

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