



## DYSMENORRHEA

<b>DEFINITION</b>	Dysmenorrhea is painful menses, usually characterized by a cramping, and lower abdominal pain. It is further classified as primary or secondary. Primary dysmenorrhea is usually early onset and a result of excessive amounts of prostaglandins released in the endometrium which in turn causes ischemia and cramping. Secondary dysmenorrhea is caused by uterine or pelvic pathology such as endometriosis, pelvic infections, adhesions or neoplasia.
<b>SUBJECTIVE</b>	May include: 1. Nausea, vomiting, headache, lightheadedness, low back pain, altered bowel habits, bloating, malaise, fatigue, tachycardia, and/or sweating. 2. LMP and/or (description of bleeding patterns). 3. Medical, sexual, contraceptive use history, as appropriate. 4. History of pelvic abnormalities, pathology, or surgery.
<b>OBJECTIVE</b>	May include: 1. Physical and/or pelvic exam.
<b>LABORATORY</b>	May include: 1. Vaginitis/cervicitis testing as indicated. 2. Hgb. 3. Pap smear.
<b>ASSESSMENT</b>	Dysmenorrhea.
<b>PLAN</b>	Treatment options may include one or more of the following: 1. Provide nonsteroidal anti-inflammatory medications* such as: a. Ibuprofen* 400-800 mg PO q 6-8 hrs, PRN pain (available OTC), OR b. Naproxen Sodium* 500mg initially followed by 250mg q 6-8 hrs - PRN pain (available OTC as Naproxen Sodium 220mg tablet x2 tablets then 1 tablet every 8 hours PRN for pain), OR c. Ketoprofen 25-50 mg PO every 6-8 hours PRN pain. d. Mefenamic Acid (Ponstel) 500mg initially followed by 250mg q 6 hrs PRN pain 2. Hormonal contraceptive options, including extended OC or vaginal ring use, Depo Provera, Implanon to inhibit ovulation and reduce menstrual flow. (Refer to chosen hormonal method protocol.) 3. Dysmenorrhea generally improves with the Levonorgestrel Intrauterine System (Mirena). (Refer to protocol.) *Contraindications in clients with history of ulcers, significant asthma, or hepatic renal failure.

<b>CLIENT EDUCATION:</b>	<ol style="list-style-type: none"> <li>1. Provide client education regarding causes and palliative treatments (i.e., heat therapy, herbal teas, vitamins, massage, Omega 3 Fatty acids and diet).</li> <li>2. Encourage exercise, especially aerobic type, which can be helpful in alleviating discomfort.</li> <li>3. Quit smoking.</li> <li>4. Recommend client RTC annually and PRN for problems.</li> </ol>

<b>CONSULT / REFER TO PHYSICIAN</b>	<ol style="list-style-type: none"> <li>1. Clients with dysmenorrhea not resolved by above treatments.</li> </ol>
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References:

1. Hatcher, R.A., Trussel, J., Stewart, F., **Nelson, A.L.**, Cates Sr., W., Stewart, G.K., Guest, F., Kowal, D., **Policar, M.S.** (2007)(2011). Contraceptive Technology (20th revised ed.) pp. 552-555. New York: Ardent Media, Inc.
2. **Medscape Reference (2012). Retrieved April 19, 2012, from Web site: <http://reference.medscape.com/drugs/nsaids>.**