Dysmenorrhea

**DEFINITION**
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, cervical stenosis, adenomyosis, fibroids, or neoplasia. It may begin a few days before menses and get worse over time.

**SUBJECTIVE**
May include:
1. Complaints of lower abdominal cramping pain that only occurs during or is significantly worse during menses.
2. Nausea, vomiting, headache, lightheadedness, low back pain, dysuria, altered bowel habits, bloating, malaise, fatigue, tachycardia, and/or sweating
3. LMP and/or description of bleeding patterns
4. Medical, sexual, contraceptive use history, as appropriate
5. History of pelvic abnormalities, pathology, or surgery
Should exclude:
1. A new finding of pelvic pathology not previously assessed.

**OBJECTIVE**
May include:
1. Physical and/or pelvic exam

**LABORATORY**
May include:
1. Vaginitis/cervicitis, STI testing as indicated
2. Hgb
3. Pap smear

**ASSESSMENT**
Dysmenorrhea, primary or secondary

**PLAN**
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. po PRN pain (available OTC) OR
   b. Naproxen Sodium* 500mg initially followed by 250 mg q 6-8 hrs. PO PRN pain (Not to exceed 880mg in 24 hours) OR
   c. Ketoprofen 25-50 mg q 6-8 hrs. PO PRN pain.
   d. Mefenamic Acid (Ponstel) 500mg initially followed by 250mg q 6 hrs. PO PRN pain. Is an RX only, should not be taken for > 3 days in a row.

Above therapies are most effective if a loading dose is given 1-2 days before onset of menses or first sign of bleeding, and then, on a regular schedule for 2-3 days. Advise patient of possible adverse GI symptoms with NSAIDS (GI bleed, indigestion, h/a and diarrhea. **Contraindications** in clients with history of ulcers, significant asthma, or hepatic renal failure.
2. Hormonal contraceptive options, including extended OC or vaginal ring use, injectable medroxyprogesterone acetate, to inhibit ovulation and reduce menstrual flow. (Refer to chosen hormonal method protocol.)
3. Dysmenorrhea generally improves with the Levonorgestrel Intrauterine System. (Refer to protocol.)

**CLIENT EDUCATION**
1. Provide client education regarding causes and palliative treatments (i.e., heat therapy, TENS, exercise, especially aerobic)
2. Encourage nicotine cessation
3. Recommend client RTC annually and PRN for problems
CONSULT/ REFER TO PHYSICIAN

1. Clients with dysmenorrhea not resolved by above treatments

References: