



Dysmenorrhea

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| 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: <ol style="list-style-type: none">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 sweating3. LMP and/or description of bleeding patterns4. Medical, sexual, contraceptive use history, as appropriate5. History of pelvic abnormalities, pathology, or surgery Should exclude: <ol style="list-style-type: none">1. A new finding of pelvic pathology not previously assessed. |
| OBJECTIVE | May include: <ol style="list-style-type: none">1. Physical and/or pelvic exam |
| LABORATORY | May include: <ol style="list-style-type: none">1. Vaginitis/cervicitis, STI testing as indicated2. Hgb3. Pap smear |
| ASSESSMENT | Dysmenorrhea, primary or secondary |
| PLAN | Treatment options may include one or more of the following: <ol style="list-style-type: none">1. Provide nonsteroidal anti-inflammatory medications such as:<ol style="list-style-type: none">a. Ibuprofen 400-600 mg PO every 4-6 hrs. or 800 mg every 8 hrs. PO PRN pain (available OTC). Not to exceed a maximum dose of 2400 mg in 24 hours. Continue only for 2-3 days. ORb. Naproxen Sodium 550mg initially followed by 275 mg every 6-8 hrs. PO PRN pain (Not to exceed 1375mg in 24 hours) ORc. Ketoprofen 50 mg initial dose followed by 25-50 mg every 6-8 hrs. PO PRN pain. (Not to exceed 300 mg in 24 hours) ORd. Mefenamic Acid 500mg initially followed by 250mg every 6 hrs. PO PRN pain. This is a 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.) Contraindicated 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 | <ol style="list-style-type: none">1. Provide client education regarding causes and palliative treatments (i.e., heat therapy, TENS, exercise, especially aerobic)2. Encourage nicotine cessation3. Recommend client RTC annually and PRN for problems |



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| CONSULT/ REFER TO PHYSICIAN | 1. Clients with dysmenorrhea not resolved by above treatments |
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References:

1. Hatcher RA, Nelson, A, Trussell J, Cwiak, C, Cason, P, Policar, M, Edelman, A, Aiken, A, Marrazzo, J, Kowal, D. Contraceptive Technology. 21st edition. Atlanta GA: Ardent Media, Inc., 2018. Pp. 41-45, 272-273.
2. ACOG Committee Opinion 760: Dysmenorrhea and Endometriosis in the Adolescent. (November, 2018). <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Dysmenorrhea-and-Endometriosis-in-the-Adolescent> (Retrieved 4/02/2020).