

Dysmenorrhea (Menstrual Cramps)

What are menstrual cramps?

Menstrual cramps are pain or discomfort in the lower abdomen just before or during a menstrual period. Dysmenorrhea is the medical term for menstrual cramps.

Dysmenorrhea can be either primary or secondary. Primary dysmenorrhea usually starts 1 to 2 years after your first period. Secondary dysmenorrhea results from a specific disease or disorder.

How do they occur?

Cramps are related to hormonal changes during your menstrual period. They are caused by chemicals called prostaglandins. These chemicals cause the uterus to contract to pass menstrual fluid. Women who have painful periods have larger amounts of prostaglandins.

Secondary dysmenorrhea tends to be caused by the following:

- endometriosis (tissue from the uterus growing outside the uterus)
- pelvic inflammatory disease (PID) (a bacterial infection that enters the uterus and may spread to the fallopian tubes, ovaries, and other tissues in the pelvic region; may be sexually transmitted)
- cervical stenosis (narrowing of the opening to the uterus)
- tumors (called fibroids) or cysts in the uterus.

Intrauterine devices (IUDs) can also cause cramping pain during menstruation.

What are the symptoms?

You have pain or discomfort in the lower abdomen. You may also have:

- a dull ache in your lower back
- headache
- nausea
- loose bowel movements
- discomfort in the inner part or front of the thighs.

About 10% to 15% of women with menstrual cramps have symptoms severe enough to interfere with their normal activities.

How is it diagnosed?

First, your health care provider will usually ask the following questions:

- When does the pain occur?
- What do you do about the pain?
- Do any nonprescription pain medicines relieve the pain?
- Do you have any other symptoms?
- If you are taking birth control pills, do they relieve or the pain or make it worse?
- Is the pain getting worse over time?
- Do you miss school or work because of cramps?

Your health care provider will give you a physical exam and pelvic exam. You may have blood tests and cultures. You may need an ultrasound scan of your pelvis to check your uterus and ovaries.

How is it treated?

Menstrual cramps are often relieved by nonprescription pain relievers such as acetaminophen, aspirin, ibuprofen, or naproxen. (These last three drugs not only relieve pain but also are anti-inflammatories.) If you take an anti-inflammatory such as ibuprofen, make sure you take it at the first sign of bleeding or cramping. If your periods are regular and you can predict when your period will start, begin taking the ibuprofen or other anti-inflammatory one day before you expect your period. This will prevent cramping in many cases. Taking ibuprofen or naproxen with food or milk may help to reduce the possible side effects from these drugs of nausea and heartburn. If your symptoms are severe, you may need a stronger prescription drug.

Resting in bed with a heating pad or hot water bottle on your abdomen may also relieve the pain.

Another form of treatment is taking birth control pills. They decrease cramping by decreasing prostaglandin production. If the pills relieve the pain, you may take them even if you do not need them for birth control.

How long will the effects last?

In primary dysmenorrhea the pain begins shortly before a period and usually lasts 1 to 3 days. In secondary dysmenorrhea the pain may begin several days before and last throughout your period.

Menstrual cramps are common during the late teens and early 20s. They often get better after age 25 and are less common after childbirth. Even though the cramps are painful, they will not hurt the uterus or your ability to have children.

How can I take care of myself?

Having your period does not mean that you are sick. It should not stop you from doing most of the things that you normally do.

Charting the length and frequency of your periods will help you to understand better what is normal for you. See your health care provider if there are any sudden changes in your normal period, such as much heavier or lighter flow, a much shorter or longer time between periods, or any unusual pain or clotting.

In addition, you can:

- Take aspirin, acetaminophen, ibuprofen, or naproxen to relieve discomfort.
- Use a heating pad or hot water bottle on your lower back or abdomen or soak in a warm (not hot) tub.
- Gently massage your lower abdomen or lower back.
- Do pelvic tilt exercises to help relieve menstrual pain:
 - Stand with your feet about a foot apart and your knees bent. Place your hands on your hips near the hip bone.
 - Rock your pelvis forward and back 10 to 15 times. This can also be done while lying on your back with your knees bent. Tilt the abdomen upward keeping the buttocks on the floor and then press the small of your back to the floor.
- Avoid standing for a long time or walking on hard pavement.
- Avoid foods and beverages that contain caffeine, such as coffee, tea, colas, and chocolate, just before and during your period.
- Follow your health care provider's instructions carefully and ask your provider how often you should be seen for follow-up.
- Have regular yearly checkups, including a Pap test.

Call your health care provider if:

- The pain is not at the right time for a normal period or does not seem like normal menstrual cramps.
- The pain is severe.
- Your discomfort lasts longer than 2 or 3 days.

What can I do to help prevent dysmenorrhea?

- Get plenty of rest. If you become unusually tired, nervous, or constipated, you may be more likely to experience menstrual pain.
- Exercise regularly. Exercise such as walking, swimming, or bicycling may improve blood flow and ease menstrual pain.
- Eat a diet rich in whole grains and green leafy vegetables.
- Drink plenty of fluids.