Menstruation - pain (dysmenorrhoea)

Summary

- Dysmenorrhoea is the term used to describe painful periods.
- Period pain from your first period or shortly after, and without a specific cause, is known as primary dysmenorrhoea.
- Period pain caused by certain reproductive disorders, such as endometriosis, adenomyosis or fibroids, is known as secondary dysmenorrhoea.
- Treatment options for primary dysmenorrhoea include pain-relieving medication, anti-inflammatory medication, the oral combined contraceptive pill, heat (such as a hot water bottle), regular exercise and relaxation techniques.

Dysmenorrhoea is the term used to describe painful periods. Period pain from your first period or shortly after, and without a known cause, is known as primary dysmenorrhoea. Period pain caused by certain reproductive disorders, such as adenomyosis, endometriosis or fibroids, is known as secondary dysmenorrhoea.

With primary dysmenorrhoea, the uterine lining produces hormone-like substances (prostaglandins) that cause the muscle of the uterus to contract strongly, causing pain and reducing blood flow to the uterus. There are different types of prostaglandins produced throughout the body, but prostaglandin F2α is responsible for the pain with periods.

Women of any age can experience painful periods and some women find periods are no longer painful after pregnancy and childbirth.

Symptoms of dysmenorrhoea

Symptoms of dysmenorrhoea can include:

- pain low in the abdomen that can spread to the lower back and legs
- pain that is gripping or experienced as a constant ache, or a combination of both.

Typically:

- the pain starts when the period starts, or earlier
- the first 24 hours may be the most painful
- clots may be passed in the menstrual blood.

Dysmenorrhoea can be associated with:

- headaches
- nausea and vomiting
- digestive problems, such as diarrhoea or constipation
- fainting
- premenstrual symptoms, such as tender breasts and a swollen abdomen, which may continue throughout the period
- pain continuing after the first 24 hours (this tends to subside after two or three days).

Causes of primary dysmenorrhoea

Women with primary dysmenorrhoea tend to have raised levels of prostaglandins, which cause more intense contractions of the uterus than normal. The reason for the increased prostaglandins is not known.
Treatment for primary dysmenorrhoea

Women with dysmenorrhoea need a thorough medical examination to make sure their period pain is not caused by certain reproductive disorders such as endometriosis or fibroids.

Treatment options for dysmenorrhoea can include:

- pain-relieving medication, such as paracetamol
- medication that inhibits prostaglandins, such as ibuprofen or other anti-inflammatory medication
- regular exercise and attention to overall physical fitness
- applying heat, such as a hot water bottle, to the abdomen
- relaxation techniques
- the oral combined contraceptive pill, which reduces prostaglandins and therefore reduces pain
- bed rest during the first day or so of the period.

Causes of secondary dysmenorrhoea

Some of the causes of secondary dysmenorrhoea include:

- **endometriosis** – the cells lining the uterus can move to other areas of the pelvis, but behave differently, causing severe pain during periods
- **fibroids** – benign tumours made of muscle and tissue can grow inside the uterus and are thought to be affected by the sex hormones. In the majority of women, fibroids are asymptomatic (cause no symptoms)
- **adenomyosis** – the presence of endometrial cells growing in the muscle layers of the uterus. Adenomyosis is difficult to treat.

Treatment for secondary dysmenorrhoea

Treating secondary dysmenorrhoea means treating the underlying condition.

Treatment for endometriosis

Treatment for endometriosis can include:

- hormone therapy
- surgery
- a combination of both.

Read more about treatment for **endometriosis**.

Treatment for fibroids

Treatment for fibroids can include:

- medication to shrink the fibroids, before surgery
- MRI and ultrasound – in which the MRI locates the fibroid, and the ultrasound is used to heat and destroy the fibroid tissue
- arterial embolisation – in which sand-like particles are injected into the artery to block the blood supply to the fibroid, causing it to gradually die
- surgical removal of the fibroid, by various methods.

Read more about treatment for **fibroids**.

Treatment for adenomyosis

Adenomyosis is difficult to treat. Suppressing the endometrial cells may have the effect of reducing menstrual pain, heavy periods or painful intercourse (three of the possible symptoms related to adenomyosis).

The most widely used treatment is the levonorgestrel-releasing intrauterine device (Mirena™).

The only cure for adenomyosis at this time is **hysterectomy** – surgically removing the whole of the body of the uterus and cervix.
Where to get help

- Your **GP (doctor)**
- **Gynaecologist**
- **Family Planning Victoria** Tel. **(03) 9257 0100** or freecall **1800 013 952**

This page has been produced in consultation with and approved by:

Jean Hailes for Women's Health

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

**Copyright © 1999/2020** State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.