

Painful Menstrual Periods

by Leonardo Rodriguez, MD

More than half of women have some pain for 1-2 days each month during their periods. Sometimes, this pain is severe and interferes with normal activities. The pain is usually located in the lower abdomen but it can also radiate to the lower back and/or thighs. Pain of this degree is not normal and is classified as dysmenorrhea. Patients with severe menstrual cramps that last more than 2-3 days should see their gynecologist.

The uterus is made of smooth muscle fibers. During the period it contracts and this can cause discomfort. These contractions are triggered by prostaglandins, chemicals that are produced in the lining of the uterus. When the pain during menses is strictly caused by these normal and cyclical changes in the muscle and lining of the uterus it is classified as primary dysmenorrhea.

Secondary dysmenorrhea is the term used when the painful periods are related to causes other than what was mentioned above. In these cases the pain usually begins later in life and usually lasts longer. Some of the most common causes of secondary dysmenorrhea are:

- Endometriosis: a condition in which tissue from the lining of the uterus can also grow outside of the uterus.
- Fibroids: benign muscle tumors of the uterus that can also cause pain and heavy menstrual bleeding.
- Adenomyosis: a condition in which tissue from the lining of the uterus can also grow within the muscle fibers of the uterus.

Diagnosis:

During evaluation of a patient with painful periods the goal is to differentiate those patients with primary versus secondary dysmenorrhea. To accomplish this, your doctor will obtain a medical history and perform a pelvic examination. An ultrasound examination is also commonly used to evaluate the anatomy of the uterus and ovaries and to identify any potential anatomical causes of the pain. In certain cases, if endometriosis is suspected, a laparoscopy may be recommended. In this surgical procedure a small camera is introduced in the abdomen, letting the doctor view the pelvic organs.

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Treatment:

The treatment of painful periods will depend on the cause of the pain. If a cause like fibroids, endometriosis or adenomyosis is found, the treatment will seek to remove or reducing these specific findings.

Medications:

In those cases in which the pain is deemed to be caused by the normal exposure of the uterus to prostaglandins, non-steroidal anti-inflammatory drugs like Advil, Aleve, and Ibuprofen may be recommended. This group of medications blocks the production of prostaglandins and is more effective when taken at the first sign of the period or pain.

Another medication commonly used is hormonal contraception (birth control pills). These limit the growth of the lining of the uterus so less prostaglandin is produced. This translates in to less contractility of the uterus, less blood flow, and less pain. They may also decrease the growth of fibroids or endometriosis.

Other Treatments:

- Regular exercise produces chemicals that may block the pain. For some patients a regular exercise regimen, especially around their menstrual period may decrease the symptoms.
- Heat: a warm bath or a heating pad on the abdominal/pelvic area.
- Relaxation, yoga, acupuncture: These techniques can help some patients cope with the pain.

Surgery:

If fibroids are causing the pain your doctor may recommend surgery. Depending on the size and location of the fibroids, as well as the patient's preference, the benign tumors or the whole uterus can be removed.

In patients with endometriosis, the endometrial tissue that is growing outside the uterus can be removed or destroyed. This tissue may return after surgery, but removing it may reduce pain for a significant period of time. In severe cases, when other treatment options have failed to treat the symptoms, removal of the uterus may be done.

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