

Referral Support Service

Gynaecology

GY03 Dysmenorrhoea

Definition

Primary Dysmenorrhoea:

- Period pains not associated with underlying pathology
- Usually D1-3 of menses, present from menarche

Secondary Dysmenorrhoea:

- Painful periods suggestive of underlying pathology
- Eg. Endometriosis, adenomyosis, PID presents in 20-30yrs olds
- Pain often persists for 1-7d after menstruation ends

Exclude Red Flag Symptoms

- Consider Pelvic Inflammatory Disease (acute or chronic) especially in the under 25s with new onset
- Ovarian cancer can cause bloating and lower abdominal pain, see [NICE Guidance for Ovarian Cancer](#).

Management

Primary dysmenorrhoea

- Offer NSAID such as **ibuprofen**, **naproxen**, or **mefenamic acid** unless contraindicated. **Mefenamic acid** is licensed for the treatment of dysmenorrhoea, however be aware that there are concerns that it is more likely to cause seizures in overdose than other NSAIDs.
- Offer **paracetamol** if NSAIDs are contraindicated or not tolerated, or in addition to an NSAID if the response is insufficient.
- If the woman does not wish to conceive, consider prescribing a 3–6 month trial of hormonal contraception:
- **Monophasic combined oral contraceptive (COC)** preparations containing 30–35 micrograms of **ethinylestradiol and norethisterone, norgestimate, or levonorgestrel** are usually first choice.
- Oral (**desogestrel 75 micrograms**), parenteral (**Depo-Provera[®]** or **Sayana Press[®]**), and **Nexplanon[®]** and intrauterine progestogen-only (**Mirena[®]**) contraceptives may also be considered, after a full discussion of the advantages and disadvantages.
- Combination of an **NSAID (or paracetamol)** and **hormonal contraception** is also an option if the response to individual treatments is insufficient.
- In addition to drug treatments consider the following non-drug measures to reduce pain:

Responsible GP: Dr Joan Meakins

Responsible Consultant: Miss F Sanullah

Responsible Pharmacist: Laura Angus

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- Local application of heat (for example, a hot water bottle or heat patch);
Transcutaneous electrical nerve stimulation (TENS) — set to a high frequency

Secondary dysmenorrhoea

- Secondary causes for dysmenorrhoea must be excluded before considering a diagnosis of primary dysmenorrhoea.

Referral Information

Indications for referral

- Pain not controlled by management above or pelvic pathology suspected

Information to include in referral letter

- History of problem and effect on activities of daily living (commonest cause of school absence in girls) and impact on work.
- History of any IMB or PCB
- Examination (will depend on age/ whether sexually active)
- Swabs – HVS and ECS
- Bimanual - check for cervical excitation/ uterine mobility and tenderness/ retrovaginal nodules (endometriosis)
- Smear - if over 25 and due.
- Any image results if available :

Investigations prior to referral

- Consider a pelvic USS if pathology is suspected

Patient information leaflets/ PDAs

<http://www.patient.co.uk/health/period-pain-dysmenorrhoea>

Endometriosis

<https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Endometriosis-guideline.aspx>

References

[NICE CKS Guidelines – Dysmenorrhoea – May 2014](#)

<https://www.nice.org.uk/Guidance/CG122>