

9.1 PRIMARY DYSMENORRHEA

DEFINITION: Primary dysmenorrhea is a cramping pain in the lower abdomen occurring just before or during menstruation, in the absence of other diseases such as endometriosis.

SUBJECTIVE Must Include:

1. Reproductive health history –menstrual history—including age of menarche, length of cycle, amount of flow, usually presents within three years of menarche; develops within hours of the start of menstruation and peaks as the flow becomes heaviest during the first day or two of the cycle; sharp intermittent spasms of pain, usually centered in the suprapubic area, radiating at times to lower back and legs.
2. Contraceptive history.
3. History of systemic symptoms (with pain)—nausea, vomiting, diarrhea, constipation, fatigue, fever, headache, lightheadedness.
4. History of sexual activity, pain with intercourse.

OBJECTIVE Must include:

Pelvic exam within normal limits.

LABORATORY May include:

1. Pregnancy test.
2. Wet mount.
3. STI tests.

ASSESSMENT Primary Dysmenorrhea

PLAN

1. Anti-prostaglandins—administered with a loading dose beginning 24 hours before onset of menses, doses taken at regular intervals, with food and taken as directed and not to exceed maximum dosage for 24 hours (e.g. Ibuprofen, Naproxen, Anaprox).
2. Hormonal contraceptives –may be continuous.
3. Acetaminophen as directed. Use for pain relief with intolerance to anti-prostaglandins.
4. Alternative pain relief measures—heat application, exercise, meditation, orgasm, massage, acupuncture, hypnotherapy.
5. Return or call clinic if no relief from medication or serious side effects.

CLIENT
EDUCATION

1. Counsel regarding side effects of NSAIDs: G.I. upset, nausea, constipation, dry mouth, palpitations, edema, fluid retention.
2. Counsel regarding allergic symptoms to anti-prostaglandins: rash, Itching.
3. Counsel regarding signs of GI bleeding.
4. Counsel regarding benefits of hormonal contraceptives.

CONSULT/REFER

1. Suspected endometriosis.
2. Suspected adenomyosis.
3. Unresolved dysmenorrhea.