Dysmenorrhea (Menstrual Cramps)

Overview
- Dysmenorrhea is the medical term for painful and/or disabling menstrual cramps.
- This condition occurs mainly in women in their teens and early twenties and tends to get better with age.
- About 50% of women experience some degree of dysmenorrhea and up to 10% have severe enough cramps to keep them from work or school for up to 3 days per month.
- The cause of dysmenorrhea is not entirely understood. It is thought to be linked to the release of uterine prostaglandins, chemicals that stimulate contractions of the uterus and the shedding of the uterine lining. Women with severe cramps appear to produce more of these prostaglandins than women with mild or no cramps.

Signs & Symptoms
- Once a month (cyclic), lower abdominal pain, mild to severe in intensity.
- The pain is described as crampy, stabbing, dull or aching in quality, usually occurring at the onset of bleeding or hours before the onset of bleeding and can persist for up to 3 or 4 days.
- Pain can radiate to inner thighs, groin, low back or buttocks.
- Some women experience additional symptoms of bloating, diarrhea, nausea, vomiting, feelings of dizziness, fatigue and headache.

Prevention
- Epidemiological studies show that overweight women are more at risk for dysmenorrhea; losing weight may help reduce the severity of cramps.
- Since women experience a wide range of menstrual symptoms, there are a variety of options available for dealing with menstrual cramps. Some options include:
  - Heat-a warm bath or a heating pad on the lower abdomen and/or lower back may be soothing.
  - Nutrition—Although scientific evidence regarding the relationship between cramps and nutrition is inconclusive, some women may get relief from decreasing the intake of sodium, sugar or caffeine. It can also be helpful to increase fluids, fiber and foods high in vitamin B.
  - Some women find regular exercise and getting more sleep help the symptoms
  - Hormonal methods of birth control and “anti-prostaglandin” medications like ibuprofen or naproxen started 48 hours before the onset of menses may prevent cramps.
Treatment

- The treatment for dysmenorrhea is aimed at reducing prostaglandins and reducing menstrual flow and duration.
- If a woman needs protection from pregnancy then hormonal methods of birth control (like the pill, the ring, patch, implant) is the treatment of choice. The hormonal contraceptive methods decrease dysmenorrhea by suppressing ovulation and reducing menstrual flow. Hormonal methods of birth control also limit the build up of the uterine lining, which decreases prostaglandin production.
- Medications such as aspirin, ibuprofen and naproxen reduce prostaglandin production and thus reduce menstrual cramps. Starting these medication 48-72 hours before expected onset of your period enhances their effectiveness.
- The combination of hormonal birth control with anti-prostaglandin medication can be very effective in both preventing and treating menstrual cramps.
- If medications do not help, further evaluation may be necessary.

How We Can Help

- If you would like to be seen by our medical staff, you can book an appointment online or by calling our Appointment Desk to schedule an appointment.
- Also, our Advice Nurse service is free for all UCSB students to discuss health concerns and the options for medical care.
- Over the counter (OTC) products to control the menstrual cramps are available for purchase at our Pharmacy, which is located in the lobby of UCSB Student Health Service.

Recommended Resources

- Menstrual Cramps (Mayo Clinic) http://www.mayoclinic.org/diseases-conditions/menstrual-cramps/basics/definition/con-20025447
- Menstrual Cramps (WebMD) http://www.webmd.com/women/menstrual-cramps
- Painful Menstrual Periods (Up-to-Date) http://www.uptodate.com/contents/painful-menstrual-periods-dysmenorrhea-beyond-the-basics