Endometriosis can lead to impaired fertility.

Treatment

You may be able to reduce your discomfort from dysmenorrhea by using an over-the-counter non-steroidal anti-inflammatory drug (NSAID), such as aspirin, ibuprofen (Advil, Motrin, and others) or naproxen (Aleve).

Your doctor might recommend low-dose oral contraceptives to prevent ovulation for severe cramping. This may reduce the production of prostaglandins and therefore the severity of your cramps.

You will need to treat the underlying cause for secondary dysmenorrhea. Treatment could include antibiotics to treat infection or surgery to remove fibroids or polyps.

Self-Care

Soaking in a hot bath or using a heating pad on your abdomen may ease your cramps. You can also make some lifestyle changes to improve your overall health and possibly decrease the severity of your cramps. Try these tips:

Exercise regularly. Exercise results in an increased release of endorphins, your body's natural painkillers.

Get adequate rest. Your body may be less vulnerable to pain when you are well rested.

Complementary and Alternative Medicine

Some women find relief through massage, yoga or meditation, all stress-relieving activities that may help to lessen pain and aren't likely to harm you. Some women find acupuncture helpful for pain relief.

CU Healthy

HCS wants to CU Healthy! The Health Promotion Team at HCS tries to achieve this through our:

- Resource Centre
- Student Peer Interns
- Health Promotion Advisory Committee
- Website (carleton.ca/health)
- Facebook page
- Newsletters, class presentations, workshops and more . . .

The Health Promotion Team promotes healthy lifestyles and wellness and can provide you with information about stress, colds, nutrition, sexuality, alcohol, etc. Contact the Resource Centre for more information at 613-520-2600 ext. 6544 or cu_healthy@carleton.ca.

2600 CTTC Building
613-520-6674
carleton.ca/health

Menstrual Cramps

Health and Counselling Services
Carleton University

613-520-6674
carleton.ca/health
2600 CTTC Building

Menstrual cramps (dysmenorrhea) are the dull or throbbing pain in the lower abdomen many women experience just before and during their menstrual periods. The discomfort can be merely annoying for some women. It can be severe enough to interfere with daily activities for others.

There are two types of menstrual cramps: primary and secondary. Primary involves no physical abnormality and usually begins within three years after menstruation begins. Secondary involves an underlying physical cause, such endometriosis or uterine fibroids.

The intensity of the cramps tend to decrease with age in primary dysmenorrheal and often disappear after pregnancy.

Signs and Symptoms

- Dull or throbbing pain in the lower abdomen
- Pain that radiates to your lower back and thighs

Less common signs and symptoms include:

- Nausea and vomiting
- Loose stools
- Sweating
- Dizziness

Causes

The female sex hormone causes the uterine lining (endometrium) to thicken every month to create a nourishing environment for a fertilized egg. Soon after, a follicle - a tiny sac in the ovary that contains a single egg (ovum) - ruptures and releases its egg (ovulation). The egg implants in the lining of the uterus if it becomes fertilized by contact with a sperm on the way to the uterus.

However, most often the unfertilized egg passes through your uterus and out of the body. Shortly thereafter, your uterus releases the lining and your menstrual flow begins.

Your uterus contracts to help expel the lining. Prostaglandins, hormone-like substances involved in the pain and inflammation, trigger the uterine muscle contractions. No one knows for sure, but many experts believe the prostaglandins cause menstrual cramps (primary dysmenorrhea).

A number of conditions can cause secondary dysmenorrhea:

Endometriosis. The type of tissue that lines the uterus becomes implanted outside the uterus, most commonly on the fallopian tubes, ovaries or the tissue lining the pelvis.

Pelvic inflammatory disease (PID). This infection is usually caused by sexually transmitted bacteria.

Use of an intrauterine device (IUD). These small, plastic, T-shaped birth control devices are inserted into the uterus. They may cause increased cramping, particularly during the first few months after insertion.

Uterine fibroids and uterine polyps. These noncancerous tumors and growths protrude from the lining of the uterus.

Risk Factors

You're more likely to have severe menstrual cramps if you have one or both of the following:

- Early onset of puberty (age 11 or younger)
- A family history of painful periods

When to seek Medical Advice

If you've started menstruating within the past few years and are experiencing cramps, you're likely experiencing primary dysmenorrhea and it is not a cause for concern. However, see your doctor if cramping disrupts your life for several days a month or if you're older and just started experiencing severe menstrual cramps. Pinpointing the cause is the first step to successful treatment of secondary dysmenorrhea.

Screening and Diagnosis

Your doctor will review your medical history and perform a physical exam, including a pelvic exam. Your doctor will check for abnormalities in your reproductive organs and looks for signs of infection during the pelvic exam.

Your doctor may request diagnostic tests to rule out other causes of your symptoms or to identify the cause. The tests may include:

Imaging Tests. Noninvasive tests that enable your doctor to look for abnormalities inside your pelvic cavity include ulatrsound, computerized tomography (CT) and magnetic resonance imaging (MRI).

Laparoscopy. This surgical procedure involves your doctor viewing your pelvic cavity by making tiny incisions in your abdomen and inserting a fibre-optic tube with a small camera lens.

Hysteroscopy. This procedure involves your doctor inserting an instrument through your vagina and your cervical canal to examine your cervical canal and the inside of your uterus.

Complications

Secondary dysmenorrhea complications depend on the underlying cause. For instance, pelvic inflammatory disease can scar your fallopian tubes and compromise reproductive health. The scarring can lead to an ectopic pregnancy, in which the fertilized egg stays in the fallopian tube rather than traveling through the tube to implant in your uterus, or it implants somewhere else outside your uterus.

Continued on reverse . .