

# MENSTRUAL CRAMPS

(Dysmenorrhea)

## *What is it?*

Dysmenorrhea is Greek for painful menstruation. Many women experience dysmenorrhea during their reproductive years (usually 15-45). There are two types: primary and secondary. Too much prostaglandin hormone causes primary dysmenorrhea, in which the pain itself is the problem. This causes contractions of the uterus (cramping). Secondary dysmenorrhea results from an underlying disease, infection, or gynecological problem.

Cramps are one of the most common healthcare problems women suffer during their reproductive years. It's estimated that 30 to 50 percent of women suffer from pain during their period, with the incidence being highest in young women, (teenagers to women in their thirties). In fact, at least 10 percent of young women have symptoms so bad they can't handle their normal range of activities. Many women miss work or school because any movement is too painful.

## *What are the symptoms?*

-abdominal cramps, low back pain, and leg pain are the most common symptoms

-nausea and vomiting, light headedness, constipation, and diarrhea may also be present.

Primary dysmenorrhea typically begins with your period and lasts around 2 days. Secondary dysmenorrhea may begin before your period and continue through it. If there is pain in the pelvic area with fever, abnormal vaginal discharge or bleeding/pain with intercourse, it may indicate a serious infection. You should see a clinician as soon as possible.

By far the most women suffer from primary dysmenorrhea. This classification has two subtypes: **primary spasmodic or congestive**. Primary spasmodic dysmenorrhea is the type most commonly found in young women in their early teens to late twenties. It is more common in women who have never borne children. It often feels like sharp pains caused by a constriction of the uterine muscle. Some women also feel sharp pains in their thighs and abdominal muscles, and some experiences hot and cold feelings, faintness, nausea, vomiting, constipation or diarrhea.

## *And what's the other kind?*

The pain that characterizes primary *congestive* dysmenorrhea is different from spasmodic cramping. Congestive symptoms produce a dull ache in the low back and pelvic area, and are often accompanied by bloating, weight gain, breast tenderness, headaches, and irritability. Unlike spasmodic cramping, these symptoms can worsen in the thirties and forties.

Food allergies can also contribute to congestive symptoms. Women sensitive to wheat and dairy products can have an increase in congestive symptoms. Other high stress foods include alcohol, which is toxic to the liver. The liver is responsible for breaking down estrogen. Too much alcohol can increase levels of estrogen in the body, increasing pelvic congestion. Sugar constricts blood vessels, which can worsen cramps; both sugar and alcohol should be avoided in a cramp relief program.

## *What about secondary dysmenorrhea?*

Secondary dysmenorrhea is the result of health problems that can cause uterine and low back pain. It occurs most frequently among women in their forties and early fifties. Often, periods will suddenly become painful after years of pain-free menstruation. Secondary dysmenorrhea is less common than primary. Common causes of secondary dysmenorrhea include the following:

### *Uterine Fibroid Tumors*

Fibroid tumors are when the muscular tissue of the uterus grows excessively. Fibroids can grow very large, sometimes enlarging the uterus to pregnancy sizes, and causing cramps.

### *Pelvic Inflammatory Disease (PID)*

This is an infection of the uterus, fallopian tubes, or ovaries. When chronic, a low-grade infection can also cause cramps.

### *Endometriosis*

In this condition, pieces of the uterine lining, or endometrium, grow outside the uterus in other parts of the pelvic cavity, like the fallopian tubes, ovaries, and outer wall of the uterus. They can even become embedded in the intestinal and bladder walls. These tissues, like the normal lining of the uterus, respond to hormonal changes and bleed with the period. Although bleeding from the uterus leaves the body vaginally through menstruation, bleeding from endometriosis stays in the body. Women with endometriosis suffer from menstrual pain, as well as with intercourse.

## *How are cramps treated?*

First, you should have a pelvic examination to rule out the possibility of underlying disease as the cause of the problem. Secondary dysmenorrhea may require medication or surgery.

If it's primary dysmenorrhea, several treatment options are available. Anti-prostaglandins, which inhibit production of prostaglandin hormones, are available, and include over the counter remedies like aspirin, Advil or Motrin (ibuprofen), and prescription medications too. They are non-narcotic and won't interfere with daily activities. If you're allergic to aspirin, have anemia, ulcers or stomach trouble, you shouldn't take these medications without consulting a clinician.

Oral contraceptives also help reduce menstrual cramps. They are particularly appropriate for women needing contraception. A well-balanced diet, regular exercise, orgasm and a warm bath may also help ease the pain of cramps.

Source: Susan M. Lark M.D., The Menopause Self-Help Book

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rev. 5/03 AR