



GUIDELINE	
Dysmenorrhoea	
Scope (Staff):	School Health
Scope (Area):	CACH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

This guideline aims to support nurses working in schools to provide primary health care counselling and advice for young people with dysmenorrhoea.

Risk

Menstrual disorders are common in adolescence and ineffective management may result in frequent absenteeism leading to poor educational outcomes.

Background

The average age to commence puberty is between 11 and 13 years during which time young people undergo great psychological and physical changes.^{1,2} Menstrual disorders are common in adolescence, often impacting on quality of life.³

Dysmenorrhoea, or painful menstruation, is a common issue among girls and young women which frequently results in school, work and social absenteeism.⁴ There is an estimated prevalence of 70-90%.⁴ Primary dysmenorrhea, which does not involve any underlying pathological feature is most common, however, in approximately 10% of cases, dysmenorrhoea is classified as 'secondary' due to an underlying cause such as endometriosis, pelvic inflammatory disease, fibroids and ovarian cysts.^{2,4}

Dysmenorrhoea is characterised by recurrent lower abdominal cramps and/or dull throbbing that result from the release of uterine prostaglandins by endometrial cells prior to the start of the menstrual period, lasting for 48 to 72 hours. Other systemic symptoms such as headaches, vomiting, nausea and lower back pain can also be experienced.⁵ Risk factors include; smoking, obesity, low body weight, early or late onset menarche and heavy periods.⁶ In addition, young women experiencing high levels of stress or have a mental illness are more likely to experience dysmenorrhea.⁶

Although primary dysmenorrhoea is not considered to be life threatening, it can significantly disrupt daily life. An Australian study of 1051 girls aged between 15 and 19 years found that 93% had experienced menstrual pain. One quarter indicated that the menstrual pain had caused them to miss school or otherwise interfered with their daily living activities such as social functions, sport and/or exercise.⁷ However, it is common for girls to avoid seeking treatment for menstrual problems.⁵ Nurses can play a role in reducing the impact of missing class time by encouraging schools to refer girls who regularly present with menstrual issues to the nurse for counselling.

Secondary dysmenorrhoea can occur any time after menarche, but usually arises some years on. A change in timing and intensity of pain associated with menstruation may indicate the development of an underlying condition. Some young women experience significant pain from the first or second menstrual period, which may be indicative of secondary dysmenorrhoea.²

Primary dysmenorrhoea can usually be well managed with the use of non-steroidal anti-inflammatory drugs (NSAIDS), which have been shown to reduce the intensity of cramps by decreasing prostaglandin production.^{2, 8} NSAIDS appear to be more effective for pain relief than paracetamol.⁸ NSAIDS are most effective when taken one to two days before the onset of menses and can be readily purchased without a prescription. Combined oral contraceptives are also known to be effective. When symptoms are indicative of secondary dysmenorrhoea, medical assessment and specialised treatment is required.⁵

Other treatment and therapies may assist in reducing symptoms, although further research is necessary to confirm their efficacy. These include herbal products and dietary supplements, exercise, paracetamol, topical heat treatments, acupuncture and spinal manipulation.^{5, 9, 10} Such treatments may be preferred by some women, especially if there are cultural and or religious objections to use of NSAIDS or combined oral contraceptives.

Key Points

- Dysmenorrhoea is the most common gynaecological complaint in young women and may result in absences from school, work and social engagements.
- Most young women do not seek professional help for dysmenorrhoea.
- Non-steroidal anti-inflammatory drugs are usually very effective in the treatment of dysmenorrhoea.
- Secondary dysmenorrhoea may indicate underlying pathological issues which require medical attention.
- Nurses are well placed to assist and empower young women to manage dysmenorrhea.
- This document should be used in conjunction with the *HEADSS Adolescent Psychosocial Assessment* procedure and the *HEADSS Assessment: Handbook for nurses working in secondary schools*.
- Nurses must be familiar with the legal responsibilities in relation to duty of care, confidentiality and sharing information with third parties, consent to service provision, and mature minors and competence to make decisions. Refer to: *Working with Youth- A legal resource for community based health workers*.

Process

Steps	Additional Information
<p>1. Be approachable</p> <ul style="list-style-type: none"> • Invite the young person to discuss her concern/reason for attending. 	<ul style="list-style-type: none"> • Be mindful that some young women may be embarrassed to talk about menstrual-related concerns.
<p>2. Discuss confidentiality</p>	<ul style="list-style-type: none"> • Explain confidentially, privacy and the limits of confidentiality.

Steps	Additional Information
<p>3. Health counselling</p> <ul style="list-style-type: none"> • Explore the individual's understanding of menstruation, symptoms, menstrual history, family history and any indicators of secondary dysmenorrhoea. • Explore the young women's current methods of pain management • Encourage non-medicated self-care as the first treatment option. If appropriate offer to provide health advice on the benefits that exercise, sleep, diet and managing stress have on and general health, wellbeing and managing pain • Empower the young woman to plan for and manage dysmenorrhoea. 	<ul style="list-style-type: none"> • A heat pack combined with short rest in a quiet location can be offered to the young person by the Student Services Team. • Some young women find that gently massaging the painful area helps. • There may be a legitimate reason for a young woman/girl to be regularly absent from school as a result of dysmenorrhoea, however it is possible that regular absences result from: <ul style="list-style-type: none"> ○ poorly managed dysmenorrhoea ○ the existence of related psychosocial or health issue; or simply an excuse to avoid school. • The role of nurses is to assess the health of the individual, educate, promote self-care and to refer as necessary. • Nurses should be aware that having an appropriate, open conversation about menstruation may lead to discussion of sexual and mental health issues, such as contraception, sexually transmitted infections and relationships. • When discussing use of medication, explore allergies or conditions which may preclude use of NSAIDS. Encourage the young women (and/or parent) to seek advice from a pharmacist when choosing a medication. • Young women can be encouraged to carry a day's dose of the medication. • Medications, including NSAIDS, are not provided by nurses in schools.
<p>4. Refer</p> <ul style="list-style-type: none"> • Discuss referral for medical assessment if pain disrupts everyday living or does not respond to NSAIDS, or if the client history suggests secondary dysmenorrhoea. • Encourage and support the young woman to inform her parents or 	<ul style="list-style-type: none"> • The AMA and headspace provides a list of youth friendly doctors though these may not be available in all areas. • Self-directed Information and services for young people: • Better Health Channel – information suitable for young people.

Steps	Additional Information
<p>guardian about dysmenorrhoea. Seek consent from individual to talk directly with parents, if required.</p> <p><u>For clinical support</u></p> <p>General Practitioner (GP) - for assessment of health concerns and specialist referral.</p> <p>Local pharmacies – provide information on self-care for dysmenorrhea. To get the best advice young people need to speak to the pharmacist and be clear about what the product is for.</p>	<ul style="list-style-type: none"> • Health Direct – General information suitable for young people, multiple links to other reputable websites.

Documentation

Nurses will document according to local processes.

Related internal policies, procedures and guidelines
<p>The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link</p>
Confidentiality and Adolescents
HEADSS Adolescent Psychosocial Assessment
Sexual health in adolescence

The following documents can be accessed in School Health Resources: HealthPoint link
HEADSS Assessment: Handbook for nurses working in secondary schools
Additional Department of Health, Government of Western Australia resources:
<p>Working with Youth– A legal resource for community-based health workers. Perth: Department of Health Western Australia; 2007. (Revised 2013.)</p>
<p>Guidelines for Protecting Children 2015 Department of Health, Government of Western Australia.</p>


Useful resources

Department of Health. [Growing and Developing Healthy Relationships](#), 2016

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Document Owner:	Director Clinical Services Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	2008	Scheduled Review Date:	27 Nov 2020 (extended to 30-06-2021)
Last reviewed	Nov 2017, Nov 2013		
Approved by:	CACH/WACHS Community Health Clinical Nursing Policy Governance Group		
Endorsed by:	Executive Director CACH	Date:	27 Nov 2017
Standards Applicable:	NSQHS Standards:  1.7, 1.8		
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