**GUIDELINE**

**Dysmenorrhoea**

<table>
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<tr>
<th>Scope (Staff):</th>
<th>School Health</th>
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<td>Scope (Area):</td>
<td>CACH, WACHS</td>
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**Background**

Dysmenorrhoea (painful menstrual periods) is a common issue among girls and young women, with an estimated prevalence of 60 to 93%, and primary dysmenorrhoea is reported to be the most common gynaecological complaint and cause for school, work and social absenteeism in female adolescents. Primary dysmenorrhoea does not have any underlying pathological feature, whereas in about 10% of adolescents the dysmenorrhoea is classified as 'secondary' because the underlying cause is associated with pelvic abnormalities, such as endometriosis, pelvic inflammatory disease, fibroids and ovarian cysts.

Dysmenorrhoea is categorised by recurrent lower abdominal cramps and/or dull throbbing that commence just before or during menstruation as a result of uterine prostaglandins released by endometrial cells as the menstrual period begins, lasting for 48 to 72 hours. Other systemic symptoms such as headaches, vomiting, nausea and lower back pain can also be experienced. Secondary dysmenorrhoea usually starts well before menstrual flow and continues beyond the cessation of bleeding.

Young women are more likely to experience dysmenorrhoea and the pain is likely to be more intense if they have a history of smoking, obesity, low body weight, early or late onset menarche, and heavy periods; or experience high levels of stress, have a mental illness or a genetic predisposition.

Although primary dysmenorrhoea is not considered to be life threatening, it can be significantly disruptive to daily life. An Australian based study of 1051 girls (aged between 15 and 19 years) found that 93% of the girls had experienced menstrual pain and about a quarter indicated that the menstrual pain had caused them to miss school or interfered with their daily living activities, such as social functions, and sport or exercise. Further, only 33% sought medical help for their condition. This is a common finding, as most studies report that the majority of girls do not seek treatment for menstrual problems.

Primary dysmenorrhoea is most commonly managed with the use of non-steroidal anti-inflammatory drugs (NSAIDS), as they have been shown to reduce the intensity of cramps by decreasing prostaglandin production. These are easily available without a prescription and are most effective when taken 1 to 2 days before the onset of menses. When dysmenorrhoea is unresponsive or not tolerated by NSAIDS, combined oral contraceptives (COCP’s) can be used and have also shown to be effective. It is important to note that when symptoms are indicative of secondary dysmenorrhoea further medical assessment and specialised treatment is required.
Other alternative and more conservative therapies can assist in reducing symptoms associated with dysmenorrhoea, although further research is necessary to confirm their efficacy; examples include herbal products and dietary supplements (Thiamine, Magnesium and Vitamin B1); exercise; paracetamol, topical heat treatments; acupuncture and spinal manipulation. These treatments may be preferred by some women, especially if there are cultural and or religious objectives to using NSAIDS or COCP’s.

Some young women, especially adolescent girls, may be embarrassed to talk about menstrual-related concerns and thus information regarding the issue is restricted. However, being mindful of these sensitivities and having an appropriate, open conversation about menstruation can lead to discussion of other sexual and mental health issues, such as contraception, sexually transmitted infections and relationships.

**General principles**

When working with young women and girls who are experiencing dysmenorrhoea, consider the following:

- Explore the individual’s understanding of menstruation, her personal history including symptoms, menstrual history, family history, and any indicators of secondary dysmenorrhoea. Consideration of sexual activity, including possible risks of STI's and use of contraception may also be relevant.

- Commence an adolescent psychosocial risk (HEADSS) assessment to explore general health, development and wellbeing. This is especially important for young women who are sexually active, are frequently absent from school or for whom another health issue is suspected.

- After initial assessment, a heat pack is recommended for immediate relief. Provision of NSAIDS and other medications by Community Health Nurses in schools is not recommended unless by prior arrangement with parent.

- Assist the individual to plan for future situations when dysmenorrhoea reoccurs. Provide health counselling including education, self care and empowerment. Include discussion about the normality of menstruation and menstruation management if required. Discuss use of medication if appropriate.

- When discussing use of medication, explore use of medication in the past, any allergies or conditions which may preclude use of specific medications. Encourage the young women (and/or parent) to seek pharmaceutical advice when choosing a medication. Assist the young woman/girl to discuss use of medication with her parent (or other carer).

- Refer for medical assessment if pain disrupts everyday living, and/or doesn’t respond to NSAIDS, or if the client history suggests secondary dysmenorrhoea.

- Encourage and support the young woman/girl to inform her parents or guardian about dysmenorrhoea and other health issues. The support provided should reflect the maturity of the individual, significance of the issue, and the particular circumstances of each case. Assist young adolescents to talk with parents if necessary, about treatment and care. Seek consent from individual to talk directly with parents if required.

Secondary dysmenorrhoea can occur any time after menarche, but more often arises as a new symptom some years on. A change in timing and intensity of pain associated with
menstruation may indicate the development of an underlying condition. Other indicators include significant pain from the first or secondary period after menarche, late onset of pain with no history of primary dysmenorrhoea, pelvic abnormality, heavy menstrual flow, irregular cycles, little or no response to NSAIDS, history of endometriosis in first degree relatives, bleeding between periods or post coitus. 

- Provide follow-up consultation and referrals for clients as required.
- Advocate the health education curriculum includes accurate and positive information about menstruation. Ensure young women and girls are informed about how to seek help if required.

Role of community health staff

For girls who are consistently absent from school

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;

(a) poorly managed dysmenorrhoea;
(b) the existence of related psychosocial or health issue; or,
(c) simply an excuse to miss school.

The role of the Community Health Nurse is to assess the health of the individual, promote self care and to refer to a doctor as necessary.

A secondary role is to encourage school administration staff or student service staff to monitor regular absences, highlighting the possible use of dysmenorrhoea as an excuse. Nurses should work with school staff to address regular absenteeism and may play a role in talking to the individual and her parents about better management of pain and menstruation in general.
Young women presents with dysmenorrhoea

1a. Young woman presents with dysmenorrhoea for the first time
   • Commence assessment including HEADSS.

2a. Immediate pain relief
   • Suggest heat pack for immediate pain relief.
   • Provide health counselling about self care.

3a. If pain severe
   • Recommend that the individual goes home.
   • Provide health counselling about self care.
   • Discuss issue with parent as appropriate.
   • Support referral to medical practitioner for further management.

1b. Young woman presents with dysmenorrhoea for second or subsequent contact
   • Update assessment collected previously. Discuss treatment options, medications, GP referral and address any underlying issues.

2b. Address issues
   • Provide health counselling about self care.
   • Assess maturity of minor, and seek to discuss issues with parent.
   • Make referral as necessary
   • Suggest return visit for monitoring

Documentation

- CHS 410 – High School Health Record (must be ordered from SmartDirect Online Ordering )
- CHS 412 – Progress Notes
- CHS 421- A – HEADSS Psychosocial Assessment form – Initial
- CHS 421- B – HEADSS Psychosocial Assessment Form – Plan & Follow up
- CHS 0663 – Referral from Community Health (must be ordered from SmartDirect Online Ordering )

Related professional development

- Sexual Health Foundations (FPWA) www.fpwa.org.au
  A comprehensive 5 day course designed for nurses and other professionals wishing to develop a sound understanding of core sexual health and reproductive health issues, and skills to work effectively with young people and other individuals to promote sexual health.
- Nuts and Bolts of Sexual Health (FPWA). www.fpwa.org.au
  A 3-4 day core sexual health training program, appropriate for community workers in areas such as youth, health, education and drugs and alcohol; people working with Aboriginal communities; and peer educators.
• MOODITJ Leaders training (FPWA) [www.fpwa.org.au](http://www.fpwa.org.au)

A 3-4 day facilitators training program focussing on positive lifestyles and sexual health for Aboriginal youth 10-14 years of age. Includes topics on identity, puberty and caring for your body, understanding your emotions and how to express them well, relationships sexual issues and sexual rights, parenting, identifying goals and dreams.

• ABC of the Birds and Bees (Child and Adolescent Community Health)

A 2 day course for community health nurses working in primary and secondary schools. The course provides fundamental information necessary to expand the knowledge, skills and confidence of those dealing with sexual health issues in schools and the community. Covers values and sexuality, contraception and managing unplanned pregnancy and STI's. (Available in metropolitan areas only.)

• Tools of the Trade (FPWA) [www.fpwa.org.au](http://www.fpwa.org.au)

This 3 day course is designed to build on the foundation acquired in Nuts and Bolts to develop competence and confidence as a sexual health educator. This course aims to increase your understanding of sexual health promotion and behaviour change theory, develop skills to plan education sessions to promote knowledge, attitudes, skills and behaviours needed for sexual health and analyse a variety of facilitation techniques and creative group work strategies. Must have prior experience and be comfortable talking to small groups about sexual health information.

### Related internal policies, procedures and guidelines

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<th>Policy/Procedure</th>
<th>Description</th>
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<tr>
<td>Sexual Health Guidelines</td>
<td>Identifying sexual healthy issues – how to ask the right questions</td>
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<tr>
<td>Working with Youth – A legal resource for community based health workers, Department of Health WA</td>
<td>Available from HealthInfo 1300 135 030</td>
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<tr>
<td>Information Circular IC 0164/13 - Patient Confidentiality</td>
<td>Department of Health WA</td>
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<tr>
<td>Operational Circular – OP 1548/02 New Western Australian Public Sector Code of Ethics</td>
<td>Department of Health WA</td>
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<tr>
<td>Consent to Treatment Policy for the Western Australian Health System</td>
<td>Information Series No. 9 (2006). Office of Safety and Quality in Health Care,</td>
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<td>Guideline – Decision Making Framework, AHPRA Nursing and Midwifery Board</td>
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### References


Useful resources

PASH Manual www.fpwa.org.au

Promoting Adolescent Sexual Health (PASH) is a manual used for the training program providing participants with the knowledge and skills to run PASH groups. PASH with a Twist is a peer education program that gives older adolescents an opportunity to explore a variety of issues related to sexuality and sexual health in a safe, informal and fun environment. It includes issues such as drugs, alcohol and sex, social and emotional wellbeing. The manual can be used to run groups and FPWA educators are available to provide consultancy in planning and /or delivering a PASH. The manual is available for purchase at FPWA website or 9227 6177.

Puberty and Relationships Series - Three booklets for school children

Produced by the Sexual Health and Blood-borne Virus Program, Communicable Disease Directorate, Department of Health WA. Available from HealthInfo 1300 135 030

Interviewing Adolescents. A training DVD which covers generic concepts relevant for any health professional working with adolescents. It is a self-paced teaching tool for taking a complete psychosocial history from an adolescent. Phone CACH Workforce Development on 9224 1657.

Let’s Talk about Sex. A DVD story of teenage Perth-based Aboriginal couple negotiating their relationship. Includes STI information. Contact Jo Rees - Youth Coordinator, South Metro Population Health Unit. Phone 9431 0200 or email jo.rees@health.wa.gov.au

Quarry Health Centre supports young people across Perth to look after their sexual health. They provide education, counselling and clinic services. Ph 9227 1444

Talk Soon. Talk Often. A guide for parents talking to their kids about sex. This free resource has been developed to help parents initiate regular and relaxed conversations with their children about sexuality and relationships.

All About Growing Up - Me, Myself and I toolkit was designed to provide standardised, research-informed materials for community school health nurses to use when working with groups of students in schools. The toolkit contains lesson plans, powerpoints and activities on health, puberty, growth, development and relationship issues created to teach students...
(school years 5-7) about the changes occurring during adolescence.

This document can be made available in alternative formats on request for a person with a disability.

Dysmenorrhoea

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