

The Atlantic Provinces Medical Peer Review



MANAGEMENT OF SPECIFIC DISEASE ENTITIES

Obstetrics & Gynaecology #2

DYSMENORRHEA

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Risk factors: primary: nulliparity; obesity; smoking; family history
secondary: pelvic infection; STD; endometriosis

Etiology: primary: elevated production of prostaglantins
secondary: congenital abnormalities of uterine or vaginal anatomy; cervical stenosis;
pelvic infection; adenomyosis; endometriosis; pelvic tumor; uterine polyps, IUD

Signs & Symptoms:

- ✓ mild: pelvic discomfort; cramping or heaviness on 1st day of bleeding with no associated symptoms
- ✓ moderate: discomfort first 2 - 3 days of menses, accompanied by mild malaise, diarrhea and headache
- ✓ severe: intense, cramp-like pain lasting 2 - 7 days, often with nausea, diarrhea, headache and back or thigh pain

Diagnosis:

- ✓ history & physical
- ✓ lab: urine HCG, cervical cultures, CBC
- ✓ imaging: ultrasound; for secondary, consider laparoscopy
- ✓ differential diagnosis: pelvic or genital infection; complications of pregnancy; missed or incomplete abortion; ectopic, uterine or ovarian neoplasm; endometriosis, UTI; complications of IUD

Therapies:

- ✓ dietary supplement of Vitamin B₁; fish oil capsules; low-fat vegetarian diet reduces pain
- ✓ medications: NSAIDS, oral contraceptives; second line: mefenamic acid, progestin containing IUD
- ✓ follow-up: primary: improves with age & parity; secondary: therapy based on underlying cause
- ✓ complications: anxiety & depression; possible infertility from underlying pathology

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____

