

Dysmenorrhea in very young females — Dr Yasmin Tan

How do you approach women who have just experienced period pain for the first time and are not interested with the pill?



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Educate them that periods are often irregular, heavy, and painful initially because the menstrual cycle is still mostly anovulatory for up to 3 years after menarche (i.e. they are normal).

Assess the impact on their life — e.g. ADLs, sport, etc. If it's really affecting her and causing absenteeism from school, need to offer her some treatment. Take a step-wise approach:

1. NSAID — will reduce blood loss and help pain in a significant number of patients
2. Tranexamic acid — will significantly reduce blood loss
3. Hormonal manipulation — if very irregular periods and bleeding is quite haphazard
 - a. low-dose combined pill (20 mcg EE)
 - b. Mirena device

How do you approach hormonal treatment in these women?

The hormones used in this age group are most simply and easily obtained by prescribing them a low-dose COCP. This regulates the cycle, reduces the blood loss, and helps with period pain (good evidence). If that doesn't work, consider using the Mirena device. Because most of these girls are not sexually active, placement requires general anaesthesia — but, otherwise, insertion is a straight forward procedure.

Will the low dose pill cause midcycle bleeding?

The low-dose pill is usually quite effective at regulating periods and preventing irregular bleeding outside of the period time, but it doesn't work 100% in everybody. The girls usually like the pill because they can skip periods on it by manipulating the way they take it. In most cases a low-dose pill will work. If not, then put them on a normal-dose pill.

Reference

Dysmenorrhea in very young females. Dr Yasmin Tan - Gynaecologist, Laparoscopic Surgeon & Women's Ultrasound Specialist. Available at <http://www.healthed.com.au/clinical-articles/expert-interviews/dysmenorrhea-young-females/> as at October 27, 2016.