

Menstrual Cramps

The medical term for menstrual cramps is dysmenorrhea.. Studies indicate that dysmenorrhea is more common in adolescents, affecting 60 - 70% with approximately 15% experiencing severe dysmenorrhea. For many women menstrual cramping improves after having children.

Dysmenorrhea results from uterine muscle contractions that are induced by the production of a group of hormones called prostaglandins in the endometrium (the inner lining of the uterine cavity) during menses. Prostaglandins and their by-products are also believed to be a primary cause of the nausea, backache, leg pain, and diarrhea that many women experience with menses.

For approximately 80% of women with dysmenorrhea treatment with non-steroidal anti-inflammatory medications (NSAIDS) will effectively control their pain. These medications prevent the production of prostaglandins.

- Ibuprofen 400 - 800 mg every 6 hours from the beginning of menses
- Naproxen 500 mg every 8 hours from the beginning of menses
- Mefenamic acid (Ponstel) is an NSAID available by prescription

These medications will be most effective if initiated at the first sign of menses or menstrual cramping and continued regularly throughout the days of menses that cramping typically occurs. Those with stomach problems or kidney disease should use NSAIDS only if instructed by their doctor.

Another approach to the treatment of dysmenorrhea is hormonal birth control. The stability of progesterone levels induced by hormonal birth control eventually causes thinning of the uterine lining and leads to decreased prostaglandin production.

A few small studies suggest that vitamin B1 (100 mg daily) and magnesium supplements may improve dysmenorrhea.

Failure to obtain improvement in menstrual cramping with the above mentioned treatments suggests a high risk for a secondary cause of dysmenorrhea, such as endometriosis, and merits further evaluation by your doctor.