

Research Journal of Pharmaceutical, Biological and Chemical Sciences

Dysmenorrhea: A Case Study.

R Monisha*.

Department of Obstetrics and Gynaecological Nursing, Sree Balaji College of Nursing, Chennai - 44, Tamil Nadu, India.

ABSTRACT

Dysmenorrhea is defined as difficult menstrual flow or painful menstruation. It is one of the most common gynaecologic complaints in young women who present to clinicians. Optimal management of this symptom depends on an understanding of the underlying cause. Dysmenorrhea can be divided into 2 broad categories: primary (spasmodic) and secondary (congestive). Primary dysmenorrhea is defined as menstrual pain that is not associated with macroscopic pelvic pathology (ie, occurs in the absence of pelvic disease). It typically occurs in the first few years after menarche and affects as many as 50% of post pubertal females. Secondary dysmenorrhea is defined as menstrual pain resulting from anatomic or macroscopic pelvic pathology, as is seen in women with endometriosis or chronic pelvic inflammatory disease. It is most often observed in women aged 30-45 years. Dysmenorrhea have to be treated when it disturb the daily life activities. This case study helps the reader to know about definition, types, diagnosis, signs and symptoms, management of dysmenorrhea.

Keywords: Dysmenorrhea, menstruation, menarche, endometriosis

**Corresponding author*

INTRODUCTION

Dysmenorrhea or painful menstruation is defined as a severe, painful cramping sensation in the lower abdomen that is often accompanied by symptoms such as sweating, head ache, nausea, vomiting, diarrhoea and tremulousness occurs just before or during menses [1-4].

Case study of Ms. X

Ms. X, 19 years old with history of pain in the lower abdomen, cramping sensation in the thigh and legs, vomiting, and diarrhoea during 1st day of menstruation. there is family history of dysmenorrhea and takes paracetamol 500mg, dysmenorrhea affects the daily activities or college absentism. She complains of heavy blood flow during first and second day of menstruation. Symptoms of dysmenorrhea reduces gradually on second and third day of menstruation.



Incidence

Dysmenorrhea is estimated to affect approximately 25% of women. Reports of dysmenorrhea are greatest among individuals in their late teens and 20s. the prevalence in adolescent female has been reported to be 67.2% by one study and 90% in other.

Causes

Book picture	Patient picture
Family history	Present
PCOD	Absent
Smoking	Absent
Endometriosis	absent

Patho physiology

During women menstrual cycle the endometrium thickens in preparation for potential pregnancy. After ovulation if the ovum is not fertilized and there is no pregnancy and uterine tissue need to be shed. Prostaglandins are released during menstruation due to destruction of endometrial cells. These prostaglandins causes uterine contraction there by blood supply to the endometrium is reduced, in turn tissues of endometrium breaks down and dies. These uterine contraction continue as they squeeze the old, dead, endometrial tissue through cervix and out of the body through vagina. These uterine contractions experienced as pain during menstruation

Signs and symptoms

Book picture	Patient picture
Lower back pain	Present
Abdominal pain	Present
Head ache	Absent
Vomiting	Present

Diarrhoea	Present
Fatigue	Present
Tremulousness	Absent

Management

Pharmacological

- Lysteda
- Tylenol

Non pharmacological

- Exercises
- Diet modifications
- Preventing and treating anaemia
- Hot applications
- Yoga and meditation.

Nursing intervention

- Pain related to uterine muscle contraction and constricts the blood supply to the tissue of endometrium
- Adequate bed rest, hot application to reduce pain, liquid diet to restore vomiting. Diversional therapy, meditation and music, administration of analgesics. Warm showering, psychological support.
- Impaired nutritional status less than body requirement related to vomiting and diarrhoea.
- Fluid diet, small and frequent feeds. Thiamine and vitamin e rich diet also omega 3 fatty acids, vitamin B6 and magnesium supplementation.

CONCLUSION

Dysmenorrhea frequently affect the quality of life of adolescence and young adults, so that there is need to formulate appropriate counselling and management plan which includes yoga, exercise, nutritious food intake, treatment and management of gynaecological problem which enhances normal menstruation and promotes quality of life.

REFERENCES

- [1] Amita Singh, et al. Indian J Physiol Pharmacol 2008; 2(4):389-397.
- [2] Anil K Aggarwal, Anju Agarwal. Indian J Comm Med 2010; 35(1):159-164
- [3] Bobak jenson, " maternity and gynaecology care, Philadelphia: mosby company.,5th edition., 1989.
- [4] Dutta DC , Text book of obstetrics ,7th edition 2013, jaypee brothers, page no :418-419
- [5] <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc2888348>