

Frequently Asked Questions

What is dysmenorrhea?

Pain associated with [menstruation](#) is called [dysmenorrhea](#). More than half of women who menstruate have some pain for 1 to 2 days each month. Usually, the pain is mild. But for some women, the pain is so severe that it keeps them from doing their normal activities for several days a month.

What are the symptoms of dysmenorrhea?

Most women have some pain with their [menstrual periods](#). For some women, severe pain comes with other symptoms, including diarrhea, nausea, vomiting, headache, and dizziness.

What are the types of dysmenorrhea?

There are two types of dysmenorrhea: primary and secondary.

What is primary dysmenorrhea?

Primary dysmenorrhea is the cramping pain that comes before or during a period. This pain is caused by natural chemicals called [prostaglandins](#) that are made in the lining of the [uterus](#). Prostaglandins cause the muscles and blood vessels of the uterus to contract. On the first day of a period, the level of prostaglandins is high. As bleeding

continues and the lining of the uterus is shed, the level goes down. This is why pain tends to lessen after the first few days of a period.

At what age does period pain start?

Primary dysmenorrhea begins soon after a girl starts having menstrual periods. In many women with primary dysmenorrhea, periods become less painful as they get older. This type of period pain also may improve after giving birth.

What is secondary dysmenorrhea?

Secondary dysmenorrhea is caused by a disorder in the reproductive organs. The pain tends to get worse over time and it often lasts longer than normal menstrual cramps. For example, the pain may begin a few days before a period starts. The pain may get worse as the period continues and may not go away after it ends.

What are some causes of secondary dysmenorrhea?

Some of the conditions that can cause secondary dysmenorrhea include the following:

- **Endometriosis** —Endometriosis happens when tissue similar to the lining of the uterus grows in other areas of the body, such as on the **ovaries** and **fallopian tubes** , behind the uterus, and on the **bladder** . Like the lining of the uterus, this tissue breaks down and bleeds in response to changes in **hormones** . This bleeding can cause pain, especially around the time of a period. Scar tissue called **adhesions** may form inside the pelvis where the bleeding occurs. Adhesions can cause organs to stick together, also causing pain. ([See Endometriosis.](#))
- **Fibroids** —Fibroids are growths that form on the outside, on the inside, or in the walls of the uterus. Fibroids located in the wall of the uterus can cause pain. Small fibroids usually do not cause pain. ([See Uterine Fibroids.](#))
- **Adenomyosis** —Adenomyosis develops when tissue that normally lines the uterus begins to grow in the muscle wall of the uterus. This condition is more common in older women who have had children.
- **Problems with the uterus, fallopian tubes, and other reproductive organs**—Certain defects that a woman is born with can result in pain during menstruation.

- Other conditions—Some medical conditions can flare up during a period and cause pain. These conditions include Crohn’s disease and urinary disorders.

Should I tell my ob-gyn about my period pain?

Yes, if you have painful periods you and your [obstetrician-gynecologist \(ob-gyn\)](#) should talk about your symptoms and your menstrual cycle. If needed, your ob-gyn may recommend a [pelvic exam](#). A first step in treatment may be medications. If medications do not relieve your pain, treatment should focus on finding the cause of your pain.

What tests are done to find the cause of dysmenorrhea?

An [ultrasound exam](#) may be done when pain is not relieved with medications. In some cases, an ob-gyn may recommend a [laparoscopy](#). This is a procedure that lets an ob-gyn view the organs in the pelvis. With laparoscopy, a small incision (cut) is made near the belly button. A thin, lighted camera—a laparoscope—is inserted into the abdomen. Laparoscopy often is done with [general anesthesia](#) in a surgery center or hospital.

How are painful periods treated?

Medications are usually the first step when treating painful periods. Certain pain relievers target prostaglandins. These medications, called [nonsteroidal anti-inflammatory drugs \(NSAIDs\)](#), reduce the prostaglandins made by the body and lessen their effects. This in turn makes menstrual cramps less severe. Most NSAIDs, such as ibuprofen and naproxen, can be bought over the counter.

How are NSAIDs used?

NSAIDs work best if taken at the first sign of your period or pain. You usually take them for only 1 or 2 days. Women with bleeding disorders, asthma, aspirin allergy, liver damage, stomach disorders, or ulcers should not take NSAIDs.

What other medical approaches can help with painful periods?

[Birth control](#) methods that contain [estrogen](#) and [progestin](#), such as the pill, the patch, and the vaginal ring, can be used to treat painful periods. Birth control methods that

contain progestin only, such as the birth control implant and the injection, also may reduce period pain.

Can the IUD be used for painful periods?

Yes, the hormonal [intrauterine device \(IUD\)](#) also can be used to treat painful periods. For many women with an IUD, menstrual bleeding gets lighter the longer the IUD is in place. In some cases, bleeding stops for women with an IUD. If you are not trying to get pregnant, you and your ob-gyn may talk about hormonal birth control methods as a form of treatment.

What alternative treatments can be used to ease period pain?

Acupuncture, acupressure, and nerve stimulation therapies may be useful for treating painful periods. Physical therapy that eases trigger points also may help with pain.

Are there other physical therapies that can help with period pain?

Some types of physical therapy teach mental techniques for coping with pain. These types include relaxation exercises and [biofeedback](#).

Can vitamins help with painful periods?

Vitamin B1 or magnesium supplements may be helpful, but not enough research has been done to recommend them as effective treatments for period pain.

What can I do at home to manage my period pain?

- **Exercise**—Exercising most days of the week can make you feel better. Aerobic workouts, such as walking, jogging, biking, or swimming, help produce chemicals that block pain.
- **Apply heat**—Taking a warm bath or placing a heating pad or hot water bottle on your abdomen can be soothing.
- **Sleep**—Getting enough sleep before and during your period is important. Being well rested can help you cope with discomfort.
- **Relax**—Meditating or practicing yoga also can help you cope with pain.

What if my pain is caused by endometriosis?

If your symptoms or a laparoscopy point to endometriosis as the cause of your period pain, your ob-gyn may recommend you try a birth control method: the pill, the implant, the injection, or the hormonal IUD. Medications called [gonadotropin-releasing hormone \(GnRH\) agonists](#) also may relieve endometriosis pain. GnRH agonists may cause side effects, including bone loss, hot flashes, and vaginal dryness. They usually are used for a short time. See [Endometriosis](#) to learn more.

What if my pain is caused by fibroids?

If [fibroids](#) are causing your pain, the first step may be to try NSAIDs, a birth control method, or GnRH agonists. If these do not work, a treatment called [uterine artery embolization \(UAE\)](#) may be recommended.

In this procedure, the blood vessels to the uterus are blocked with small particles. This stops the blood flow that allows fibroids to grow. Most women have normal menstrual periods after UAE. In some women, periods do not return. See [Uterine Artery Embolization](#) to learn more.

What if my pain is caused by adenomyosis?

If adenomyosis is causing your pain, NSAIDs, a birth control method, or other medications may be recommended. UAE also can be done to treat adenomyosis.

When is surgery an option?

If other treatments do not relieve pain, surgery may be recommended. The type of surgery depends on the cause of your pain:

- Fibroids can sometimes be removed with surgery.
- Endometriosis tissue can be removed with surgery. In some cases, the tissue returns after the surgery, but removing it can reduce the pain in the short term. Taking hormonal birth control or other medications after surgery for endometriosis may delay or prevent the return of pain.

- **Hysterectomy** may be done for adenomyosis if other treatments have not worked. Hysterectomy also may be recommended for other conditions when they cause severe pain. This surgery usually is a last resort.

Glossary

Adenomyosis: A condition in which the tissue that normally lines the uterus begins to grow in the muscle wall of the uterus.

Adhesions: Scars that can make tissue surfaces stick together.

Biofeedback: A technique used by physical therapists to help a person control body functions, such as heartbeat or blood pressure.

Birth Control: Devices or medications used to prevent pregnancy.

Bladder: A hollow, muscular organ in which urine is stored.

Dysmenorrhea: Discomfort and pain during the menstrual period.

Endometriosis: A condition in which tissue that lines the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Estrogen: A female hormone produced in the ovaries.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fibroids: Growths that form in the muscle of the uterus. Fibroids usually are noncancerous.

General Anesthesia: The use of drugs that create a sleep-like state to prevent pain during surgery.

Gonadotropin-releasing Hormone (GnRH) Agonists: Medical therapy used to block the effect of certain hormones.

Hormones: Substances made in the body that control the function of cells or organs.

Hysterectomy: Surgery to remove the uterus.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Laparoscopy: A surgical procedure in which a thin, lighted telescope called a laparoscope is inserted through a small incision (cut) in the abdomen. The laparoscope is used to view the pelvic organs. Other instruments can be used with it to perform surgery.

Menstrual Periods: The monthly shedding of blood and tissue from the uterus.

Menstruation: The monthly shedding of blood and tissue from the uterus that happens when a woman is not pregnant.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): Drugs that relieve pain by reducing inflammation. Many types are available over the counter, including ibuprofen and naproxen.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women’s health.

Ovaries: Organs in women that contain the eggs necessary to get pregnant and make important hormones, such as estrogen, progesterone, and testosterone.

Pelvic Exam: A physical examination of a woman’s pelvic organs.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Prostaglandins: Chemicals that are made by the body that have many effects, including causing the muscle of the uterus to contract, usually causing cramps.

Ultrasound Exam: A test in which sound waves are used to examine inner parts of the body. During pregnancy, ultrasound can be used to check the fetus.

Uterine Artery Embolization (UAE): A procedure to block the blood vessels to the uterus. This procedure is used to stop bleeding after delivery. It is also used to stop

other causes of bleeding from the uterus.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

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