Dysmenorrhea (painful menstruation) is a common gynecologic complaint in adolescent and young adult females. Estimates of incidence range from 20-90%, depending on the clinical definition of the condition. Two broad categories of dysmenorrhea are defined for diagnostic purposes: primary and secondary. Primary dysmenorrhea refers to menses related pain that occurs near the initial onset of menstrual periods in otherwise healthy women (i.e. no pelvic pathology). Secondary dysmenorrhea is menses related pain that often develops later in life, after the initial onset of regular menstrual cycles, and is predominantly a result of uterine or pelvic disorders. Most often secondary dysmenorrhea is diagnosed as endometriosis, pelvic inflammatory disease or uterine fibroids, each of which has distinct yet variable incidences, etiologies, and morbidities.

The focus of this pathway is primary dysmenorrhea, where the etiology is unknown, but inflammatory causes are suspect. Known risk factors include early puberty onset, depression, anxiety, nulliparity and smoking.

In Chinese medical theory, dysmenorrhea indicates a stagnation and obstruction of blood and Qi movement. Clinically, acupuncture points for the treatment of dysmenorrhea are selected primarily on the basis of their functions and relations to the respective viscera, bowels and meridians, Two of the Eight Extraordinary Channels (Penetrating Vessel or Chong Mai; and Directing Vessel or Ren Mai are consider to be important in the treatment of gynecological treatments.

Symptoms
- Symptoms typically consist of dull or throbbing pain in the lower abdomen that may radiate to the lower back.
- Additional non-pain related symptoms often include nausea, vomiting, loose stools, sweating and dizziness.2
- Dysmenorrhea is the leading cause of short term school absenteeism in adolescent girls, estimated at 20-30%.3,4
- More prevalent and disabling in younger women.5

AOM Objective Findings
- In Chinese medicine, pain in general is considered to be an obstruction of qi and blood, which in turn may be due to an underlying imbalance of the viscera and bowels (zang-fu).
• The specific Chinese pattern differentiation of these imbalances is based on the nature and location of the pain, and other secondary symptoms (e.g. headaches, digestive complains, low energy).
• These symptoms gain clinical significance in the context of the signs presented by the patient, mainly the pulse quality of the radial artery, the characteristics of the tongue and general observation of the patient’s demeanor.6,7

Assessment
• According to Chinese medicine theory dysmenorrhea corresponds to disease categories of painful periods and abdominal masses. 'Painful periods' (tong jin), which corresponds to primary dysmenorrhea, refers to menstrual pain that occurs before, during or after menstruation.
• A famous axiom expresses the essential nature of pain according to Chinese medicine: “Where there is free flow there is no pain, where there is pain there is no free flow”. Pelvic pain therefore indicates a stagnation of the movement of qi and blood. For a normal period to happen the blood must be abundant and move properly.

Treatment Plans
• First line conventional medicine treatment of primary dysmenorrhea is pharmacologic including NSAID, oral contraceptives, medroxyprogesterone acetate and levonorgestrel intrauterine system.8 Medication intolerance or patient preference for non-pharmacologic treatment suggests the appropriateness of acupuncture and Oriental medicine interventions for primary dysmenorrhea.9
• Failure of conventional medical treatment may indicate acupuncture/Oriental medicine.10
• Clinically, acupuncture points for the treatment of dysmenorrhea are selected primarily on the basis of their functions and their relation to their respective viscera and bowels (zang-fu), and on their corresponding channels (meridians).
• In addition, two of the eight Extraordinary Channels (Penetrating Vessel or Chong Mai and Directing Vessel or Ren Mai), are consider of great importance in the treatment of gynecological conditions, including dysmenorrhea.
• Acupressure performed by a practitioner or taught for self-application has some evidence of benefit.11

Outcomes Assessment
Since dysmenorrhea is a functional pain condition, the following outcomes assessment tools can be useful to assess the outcomes of treatment:

• Visual analogue or numeric pain rating scale (VAS or NRS).
• Patient-specific Functional Scale
• Short Form Menstrual Distress Questionnaire (SF-MPQ).

Referral Considerations
• Concerns that symptoms of painful menses are due to specific pathology (i.e. secondary dysmenorrhea) such as endometriosis, pelvic inflammatory disease, or uterine fibroids.
• Failure to improve after a reasonable course of treatment.
Clinician Resources

  [Link](http://www.aafp.org/afp/2005/0115/p285.html)
  [Link](http://www.hindawi.com/journals/ecam/2011/612464/cta/)

Patient Resources

- Dysmenorrhea. ACOG. [Link](http://www.acog.org/publications/patient_education/bpo46.cfm)
- Painful menstrual periods. MedlinePlus.  
  [Link](http://www.nlm.nih.gov/medlineplus/ency/article/003150.htm)

Clinical Pathway Feedback

CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

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