Croydon NHS
Primary Care Trust
Clinical Assessment Service

Dysmenorrhoea

Management

Primary Care management includes

- Exclude serious alternative diagnoses e.g. ectopic pregnancy.
- Nonsteroidal anti-inflammatory drugs (NSAIDs). Ibuprofen is the NSAID of choice in Croydon. Other analgesics have been poorly studied. Paracetamol has a more variable efficacy for the treatment of dysmenorrhoea but is still worth considering if NSAIDs are contraindicated.
- The combined oral contraceptive (COC) is an accepted treatment for dysmenorrhoea, despite a lack of good-quality trials.
- The levonorgestrel-releasing intra-uterine system is not licensed for the treatment of dysmenorrhoea, but has been shown to be of benefit but not a recommended first line in the absence of need for contraception and/or menorrhagia.
- Non-drug treatments: transcutaneous electrical nerve stimulation (TENS); acupuncture; locally applied low-level heat

Specialist management includes

- Menstrual cycle suppressants, such as progestogens, danazol, and gonadotrophin-releasing hormone analogues, are occasionally used for resistant dysmenorrhoea, but should normally be used only on specialist advice.
- Investigation of secondary dysmenorrhoea
- Laparoscopic uterine nerve ablation (LUNA) and laparoscopic presacral neurectomy (LPSN)

When to refer

Referral to a specialist is rarely needed. Refer if there is inadequate response to treatment or suspected secondary dysmenorrhoea

Refer to CAS

- If there is inadequate response to treatment.
- If there is suspected secondary dysmenorrhoea (e.g. associated menstrual symptoms, such as menorrhagia, intermenstrual or post-coital bleeding, dyspareunia, and/or abnormal pelvic examination).

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.