NHS
Scarborough and Ryedale
Clinical Commissioning Group

General Commissioning Policy

Treatment	**Dysmenorrhoea**
For the treatment of	**Dysmenorrhoea**
Background	NHS Scarborough and Ryedale CCG (SRCCG) commissions' healthcare on behalf of its local population across primary, secondary and tertiary care sectors. Commissioning policy including clinical referral pathways and thresholds have been developed and defined using appropriate NICE guidance and other peer reviewed evidence and are summarised here in order to guide and inform referrers. This commissioning policy is needed in order to clarify the criteria for referral for dysmenorrhoea.
Definition	**Primary Dysmenorrhoea** Period pains not associated with underlying pathology • Usually D1-3 of menses, present from menarche **Secondary Dysmenorrhoea** Painful periods suggestive of underlying pathology • e.g. endometriosis, adenomyosis, PID presents in 20-30 yr olds • Pain often persists for 1-7d after menstruation ends **Exclude Red Flag Symptoms** • Consider PID (acute or chronic) especially in the under 25s with new onset • Ovarian cancer can cause bloating and lower abdominal pain (see NICE guidance for suspected cancer)

Management	• History of problem and affect on quality of life (commonest cause of school absence in girls) and impact on work
	  • IMB and PCB present?
	• Examination (will depend on age/whether sexually active)
	  • Swabs – HVS and ECS
	  • Bimanual – check for cervical excitation/uterine mobility and tenderness/retrovaginal nodules
	• Smear if over 25 and due
	• USS – if secondary cause suspected

	Treatment options:
	• **Non-hormonal:** Mefanamic acid / ibuprofen / hot water bottles / smoking cessation advice (higher pain scores for dysmenorrhoea in smokers)
	• **Hormonal therapy**
	  • COCP: 3m trial – reduces prostaglandin levels (only use if failed response to NSAIDs in adolescents). Consider tri-cycling of COCP to reduce number of menses/year
	  • Depo Provera – some evidence to support its use
	  • Mirena: may help some women with dysmenorrhoea, particularly if associated with menorrhagia. Consider changing to IUS if problems associated with IUD

Information to include in referral letter	• History, including impact on life and expectations of referral (e.g. Diagnostic Laparoscopy or advice on treatment) • Contraception • Investigations – swabs (if sexually active), USS, smear (if appropriate) • Treatment and doses tried so far and response • Past medical and surgical history • Drug history • Smoking status • BMI
Patient Support	1. http://www.patient.co.uk/health/period-pain-dysmenorrhoea 2. Endometriosis guide – http://www.rcog.org.uk/files/rcog-corp/endometriosis.pdf
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Next Review Date	2019
Contact for this policy	CCG Service Improvement Team scrccg.rssifr@nhs.net

References:

http://www.patient.co.uk/doctor/dysmenorrhoea.htm